Z ACTLY. PHYSICIAN ed, Exact statement CERTIFICATE OF DEATH 10% Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number. CORD classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 16 DATE OF DEATH 5 4 COLOR OF RACE MARRIED, WIDOWED stated PERMANENT BINDING OR DIVORCED rly properly ertificate. Write the word) CERTIEY, That I attended deceased from 8 DATE OF BIRTH pino (Year) (Day) ce Month) pe Sh If LESS than and that death occurred on the date stated above, a of 7 AGE 1 day, hrs. ы CK E The CAUSE OF DEATH # was as follows: C min. ? 5 4 HL that OCCUPATION supplied 0 (a) Trade, profession, or INK ons particular kind of work. Ш 20 (b) General nature of Industry in terms, sinstruction business, or establishment in (Quration) 田田 which employed (or employer) carefully Contributory 9 BIRTHPLACE (State or country) plair See 10 NAME OF FATHER ٩ 2 O importan 120 T 11 BIRTHPLACE PARENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, W LL SUICIDAL OF HOMICIDAL c 0 12 MAIDEN NAME of informatio OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER (State or country State. of deeth .. yre. .....mss. .... Where was disease contracted, 14 THE ABOVE IS TRUE If not et place of death?. Former or ueual reeidence Every Responded (Address) 15 ADDRESS UNDERTAKER Filed m REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

50

STATE OF MARYI

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Parmer (relived state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cock, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Mariager," "Dealer," etc., without more mill; (a) Sulesman, (b) Grocery; (a) Foreman, mobile factory. only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, Locomotive engineer, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part As examples: (o) Spinner, (b) Collon At home. Care should be Never return "Laborer," If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubsis of lungs, memin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible head-homicide; Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which symptoms or "Anaemia" (merely symptomatic), "Atrophy, "Convolsions," "Debility" cause. symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerpenal septichuemia," Always qualify all diseases resulting from child-The contributory (secondary or intercur-Poisoned by carbolic Never report mere "Atrophy," acid-probably ACCIDENTAL, ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

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Example I Example II The principal cause of death and related eauses The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	1384
1. PLACE OF DEATH		1/
County a a.	Registration Dist. No.	1
Village or City annaportes m	No. Emergency Hospilles,	Ware
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpitator institution give its NAME instead of street and s	d number) mosd:
2. FULL NAME Ferdinand a	Bonnoll.	
(a) Residence: No. 189 main	St Ward.	
(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month)  (Day)	, 193 (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attende	
25/14/10/14	Jan 24 , 1955 , to 7 4 10	1931.
AGE Years Months Days If LESS than	I last saw h_ee eliva on	; death is sal
01 2 1 dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importence	
8. Trede, profession, or particular	were as follows:	Date of onse
kind of work dona, es SPINNER, Sahare Ilaches SAWYER, BOOKKEEPER, etc.	^	
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	loosussa	TEL 8,
kind of work dona, es SPINNER, School		
O core	Other Contributory Causes of importance:	1.6
2. BIRTHPLACE (city or town) (State or country)	Charles of the factor	000
13. NAME Pizerse Bonnett  14. BIRTHPLACE (city or town)	much & south	a Gr
14. BIRTHPLACE (city or town)	Name of operation Data of.	O-7 Has
(State or country) Hance	What tast confirmed diagnosis? Was there en	
15. MAIDEN NAME alexandrie lepapord	23. If death wes due to external causes (VIOLENCE) fill in also the followi	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	
(Stata or country) Musica	Where did injury occur?	
7. INFORMANT MAD Harry P Levely (Address) / 8 7 main stammafold / ma	(Specify city or town, county and St Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC F	late) PLACE.
8. BURIAL, CREMATION OR REMOVAL	Menner of injury	
Plece Westmiester Me Data tele 12, 19	Nature of injury	
9. UNDERTAKER (Address) And Reference of the second of the	24. Was diseasa or injury in eny way related to occupation of dicaased?	4
20. FILED 2 17, 19 35 Mary Registrar.	(Signed) Aura ura	o / M.
	2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Planton V. 45	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIA	IN
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V. S. No. 1

01385

1. PLACE OF DEATH				93-E)	21
County Anne	Aru	adel		Registration Dist. No.	
Village or City <u>Crown</u>	svil	le Stat	e Hospit	death occurred in a hospital or institution, give its NAME instead of	_St,Ward
Length of residence in city or town	where dea	th occurred	yrs. 3 mos	. 17 ds. How long in U.S. If of foreign birth?yrs.	ds.
2. FULL NAME Hen	ry Bi	rackett			
(a) Residence: No. 411	E. Fa	(Usuaiplace		imstre, Md Ward.  If nonresident give city or	town and State
PERSONAL AND STA	TISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RA Male Black	CE 5		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  February 2  (Month) (Day)	, <sub>193</sub> 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of United	known	n		22. I HEREBY CERTIFY, That I Oct. 15, 19 Z4, to Feb. 2	attended deceased from
6. DATE OF BIRTH (month, day, and year		1878	2		., 19. 35 ; death is sald
	nths	Days	If LESS than	to heve occurred on the date stated above, at 6 A. M.	., 15_22, dea(ii is said
57 U	nknov	vn	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Import were as follows:	ance
Trade profession or particular			) or a committee of the	Coronary Thrombosis	1 Date of onset
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc.	EK, LÉ	borer	***************************************		
9. Industry or business in which work was done, es SILK MILI		Unkno	wn		
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month end yeer)		11. Totel ti	me (years) at in this Unkno	-n	
	eth (	Carolin		Other Coutributory Causes of importance: General Arteriosclerosis	TT-0 True 0
(Stete or country)				Hypertension	Unknown Unknown
™ 13. NAME Henry	Bracl	cett		Chronic Myocarditis	Unknown
13. NAME Henry  14. BIRTHPLACE (city or town) U	nknov	vn		Name of operation	Date of
(State of country)				What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NAME Ada	Hymar	1		23. If death was due to external causes (VIOL ENCE) fill in also the	following:
To DINTH ENGL (City of town)	nknov	yn		Accident, suicide, or homicide? Date of Inju	ry, 19
(State or country)				Where did injury accur? (Specify city or town, coun	
I) INFORMANT Hospital (Address) Crownsvi			nd	Specify whether injury occurred in INDUSTRY, In HOME, or In P	UBLIC PLACE.
18 BURYAL CREMATION, OB REMOVAL Place Flace Ceruci	en-	Date 2/5	30,19	Manner of injury	
19. UNDERTAKER DE P. W. (Address) Water	trus	ode B	upt	24. Was disease or injury in any way related to occupation of neg	eased?
41 1-	- 1	577	Tyce.	If so, specify	MACK M.D.
20. FILED TV 2 19 3 3		C'1'+6	74		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
4	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE :	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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may that plain carefully Ë OF

RESERVED

ARGIN

OCCUPATION

FATHER

MOTHER

AUSE mation

LION

Length of residence in city or town where death occurred (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days I day.\_\_\_\_hrs. or\_\_\_\_min. 8. Frade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this yeer) \_\_\_\_\_ occupation ... 12. BIRTHPLACE (city or town (State or country 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 19. UNDERTAKER (Address)

Registration Dist. No. (If death occurred in a hospital or institution rive its NAME instead of street and number) How long in U.S. if of foreign birth?

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) CERTIFY, That I attended deceased from to have occurred on the date stated above, at, The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset

What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_ Where did injury occur? ....

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of Injury. 24. Was disease or injury in any way related to occupation of If so, specify

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Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	How I	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-

OCCUPA

statement

certificate.

See instructions on back of

TION is very important.

19. UNDERTAKE

20, FILED.

(Address)

mation -WRIT

B

V. S. No. 1

STATE (	OF MARYLAND-	CERTIFICATE OF DEATH 01387
1. PLACE OF DEATH	JI MAKILAND	
County Anne Aru	ındel	Registration Dist. No. 2/
		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Anna Ma	y Brown	
(a) Residence: No921 Hubb	)ard Alley, Balti (Usualplace of abode)	Mostle, MdWard.  If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH February 16. (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie		22. I HEREBY CERTIFY, Thet I attended deceased from Feb. 7, 19.33, to Feb. 16, 19.35
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 39	Peb. 14, 1896  Days   If LESS than   1 dey,hrs.   ormin,	THE PRINCIPAL CAUSE OF DEATH and releted causes of (importance
8. Trade, profession, or particutar kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Domestic	Acute Cardiac Dilitation Unknown
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Unknown	
10. Date deceased last worked et this occupation (growth and year)	11. Total time (years) spent in thirnknow occupation	/n
12. BIRTHPLACE (city or town) Virgi (State or country)	nia	Other Contributory Causes of Importance: Sec. Mitral Insufficiency Unknown
置 13. NAME Richard J	etter	
HE 13. NAME Richard J  14. BIRTHPLACE (city or town) Virginal (State or country)	inia	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary J	annings	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary J 16. BIRTHPLACE (city or town) Vi		Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (city or town) (State or country) Records Crownsville (Address 18. BURIAL CREMATION. OR IREMOVAL

Registrar.

Neture of injury If so, specify (Address) Crownsyi

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did injury occur? ....

Manner of injur

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 M

20. FILED Fely 9.

should state

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	1388
1. PLACE OF DE	ATH		•	93.2	114
County Anne	Arundel			Registration Dist. No.	21
Village or City	Near Laurel	, Md.		NoSt., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence i	n city or town where de	ath occurred	(If	f death occurred in a horpital or institution, give its NAME instead of atreet and an analysis. 29 ds. How long in U.S. if of foreign birth?yrs	number)
			<u> </u>		110305.
2. FULL NAME					
(a) Kesidence: No	<b>.</b>	(Usual place	of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL A	ND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
М	Bl.	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Single	21. DATE OF DEATH February 9  (Month) (Day)	, 193_5 (Yaar)
5a. If marriad, widowed, or d HUSBAND of (or) WIFE of	None			22.   HEREBY CERTIFY, That I attended May 11 ,19 34 to Feb. 9	
6. DATE OF BIRTH (month,	day, and year) Jan	. 1, 19	22	I last saw h_im alive on Feb_ 8	; daath Is said
7. AGE Yaars	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
13 8. Trade, profession, or	l I (	8	ormin.	ware as follows:	Data of onset
kind of work do	ne, as SPINNER, KEEPER, etc	None	••••••	Chronic Myocarditis	5-11-3
work was done, a	as SILK MILL.	None			
10. Oate dacaasad last this occupation (	worked at None	11. Total t	time (years) ent in this None upation		
12. BIRTHPLACE (city or tow (State or country)	washing	ton,	C.	Other Contributory Causes of importance:	
	r Bryant				
13. NAME Arthu: 14. BIRTHPLACE (city of (State or country)	town) Maryl	and		Name of operationNoneDate of	
15. MAIOEN NAME	Mabel Poole			23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME  16. BIRTHPLACE (city or (State or country)		land		Accident, suicide, or homicida? Date of injury Whara did injury occur?	, 19
17. INFORMANT Reco	rds, Distri Laurel, M			(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	te) LACE.
18. BURIAL, CREMATION, OF	REMOVAL	Oate Felo	12 ,1935	Manner of Injury	
19. UNOERTAKER COLL	lis mos	w	100 100	24. Was disease or Injury In eny way related to occupation of deceased?	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

M	1 UNFADING INK—THIS IS A PERMANENT RESARD. Every item of inforsupplied. AGE should be stated EXACTLY. PHYSICIANS should state in terms, so that it may be properly classified. Exact statement of OCCUPA-
BINDING	EXACTI EXACTI y classified
FOR	IS A I stated proper
MARGIN RESERVED FOR BINDING	UNFADING INK—THIS IS A PE supplied. AGE should be stated E in terms, so that it may be properly

STATE C	OF MA	ARYLAN	ND-C	CERTI	FICA	TE	OF	DE	ATH	+

0	1	9	0	13
0	1	0	1	J

County Clube Village or City	ure,	Registration Dist. NoSt.,Wa
Length of residence in city or town when		Of death occurred in a horpital or justitution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME ( Ba	by / Dulk	er.
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fet 3
5a. If married, widowed, or divorced	1 sugge	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and yeer)	Fef 2- 1935	I last saw h alive on, 19; death is si
7. AGE Years Months	Days If LESS than 1 day,hr	THE PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Data of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date decessed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	reglaced	Other Coutributory Causes of Importance:
(State or country)  2 13. NAME AWARD	Eura Dutter	
13. NAME AND TO THE LANGE (City or town)	lareland	Name of operation Date of
(State or country)		What test confirmed diagnosis?
15. MAIDEN NAME SELL CO	ella Voice,	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	supered	Accident, suicide, or homicide?, 19, 19, 19, 19
17. INFORMANT AND AND (Address)	wire Dutte	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	terpate 2/4 3	Manner of injury
15 11101	Butter	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	Drugge	If so, specify A A A A A A A A A A A A A A A A A A A
		(Signed)

V. S. No. 1

If more blanks ar needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLA	ND—CERTIFICATE OF DEATH 01390
1. PLACE OF DEATH	(23)
County a a	Registration Dist. No. 20
Village or City hammel Amelian Village or City hammel Amelian Street Length of residence in city or town where death occurred 60 yrs	No. St., Ward  Off death occurred in a horpital or institution, give its NAME instead of street and number)  ———————————————————————————————————
2. FULL NAME Williams Po	us faraniak
(a) Residence: No. Naccularriceles.	me St. Ward.
(Usual place of abode	
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V OR DIVORCED (guilte	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. THEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 17-1	874 Hast sawh LM alive on File 85, 1925; death is said
60 4 22 1da	LESS than to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER ANNER PROCKEEPER at SAWYER ROCKEEPER AT	and will man ary outer alses Oute of onset
SAWYER, BOOKKEEPER, etc.	collecte and interlinal Published 1939
9. Industry or business in which work was done, as SILK MILL,	7
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and 934 year)  11. Total time (year) occupation occupation	
12. BIRTHPLACE (city or town) A-a. Co man	Other Coutributory Causes of Importance:
13. NAME Frank locasion	K
14. BIRTHPLACE (city or town)	Newsoftware
14. BIRTHPLACE (city or town) (State or country)  (C. C. C	Name of operation Date of
15. MAIOEN NAME O allie Wing	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sarah P Kning (Address) Wandsomuella mes	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Manuelle In Oate File 11	Manner of injury
19. UNDERTAKER B-LATORETHING (Address) annalysis mis	24. Was disease or injury in any way related to occupation of deceased? 10
20. FILED Elle 1/D, 1935 Carrie Poli	(Signed) fla of mes Hangs y M.D. Registrar. (Signed) fla of mes Hangs
If more blanks are needed, address S	tate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car 1 1935	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CEAUT, 8.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	TELED .
County Uning Urundel	Registration Dist. No. 2
Village or City. Shadyside	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long In U. S. Y of foreign birth?
2. FULL NAME Louise Lewellon	Carle
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
1 DIVORCED (write the word)	Tel 5 , 1935
5a. If married, widowed, or divorced User Grant A. I.	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
0.44	Sec 24 , 1934, to Fee # , 1935
6. DATE OF BIRTH (month, day, and year) Sefet 12 1839	I last saw her alive on Jeh
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.3 • P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
/3 /4 /0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Impacled Fracture of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked et	Improved Traction of
work was done, as SILK MILL, SAW MILL, BANK, etc	pip
10. Date decessed last worked et this occupation (month and spant in this	
year) oetupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Richmond	Sellie Indection from
(State or country) Va	- Bed Soved
13. NAME Jame Lewellen	
13. NAME Jame Leweller  14. BIRTHPLACE (city or town) Richmond	Name of operation. Put in Plastic Part Dete of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Mary Lonily Keen  16. BIRTHPLACE (city or town) Bishmond	23. If death was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Richmond	Accident, sulcide, or homicide? Level Date of injury
₹ (State or country)	Where did injury occur? Baltimore
17. INFORMANTI Mrs. Lucy Janeswine	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Shedy Side	let home
18. BURIAL, CREMATION, OR REMOVAL Place London Park Com Date Feb 8 193.5	Manner of injury Fall down Stair Back
Place Toudon Park Com Date Feb 8 , 193 5	Nature of injury Head of Fernan diven Through
19. UNDERTAKER / A Harderly	24. Was disease or injury in ony way related to occupation of deceased?
(Address) Golerolle Md	If so, specify
20. FILED File 6 , 1935 - Sent M. S.	(Signed) Ses politics M. D.
Registrar.	(Address) Churchlow (Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	
Gattooneo	May 1,1323	TUSH OCH CHES	1 year

WRITE

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

01392

1. PLACE OF DEATH			(13)	
County anne anna	del		Registration Dist. No.	10
Village or City	1/	3	NoSt.,St.,St.,St.,St.,	
2. FULL NAME John W.	1 Courted and	Datteil		05us.
(a) Residence: No.	dell (Usual place of	md	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICA	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	COSTO
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH HELD 3	1930
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jama a	atterto	n	(Month) (Day)  22. I HEREBY CERTIFY That I attended	(Year)
6. DATE OF BIRTH (month, day, and year) Ma	nch 2 1	6/882	I last saw have allye on Hebra 2 19.30	, 19 📿 _; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at $6-50$ Am.	., ucatii is saru
82 10	7	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of ensat
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPER, etc	ann	w	Poherre & Intertual	1933
10. Date deceased last worked at this occupation (month and May 19)  12. BIRTHPLACE (city or town)  (State or country)	11. Total tim spent occup:	e (years) in this 6 0 ation	Other Contributory Causes of importance:	-
13. NAME Thomas  14. BIRTHPLACE (city or town).	Calle	0	Name of operation Date of	
(State of country)	and	-	What test confirmed diagnosis? Was there an a	ulopsy? his
15. MAIDEN NAME Product & 16. BIRTHPLACE (city or town) (State or country) mm  17. INFORMANT Albert E.	Mun Latter Catter	Tou	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county end State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	, 19
(Address) Andell  18. BURIAL, CREMATION OR REMOVAL  Place Pl	Date	/5 135	Manner of injury	
19. UNDERTAKER Profile CADDRESS 20. FILED 27. 1935	eh eslygg	Syd Say tor	24. Was disease or injury in any way related to occupation of deceased? . !!  If so, specify (Signed) (Signed) (Address) (Addr	w. M.D
If more blan	aks are seeded, add	Registrar. dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7

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Example 1	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRIOGRAM V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA.

pinous

item

If so, specify \_.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Registrar.

(Address)

V. S. No. 1

M

CAUSE TION is

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car-	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		West Alsons	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH

WITEIN CORPORATE LIMITSTATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lag laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASI CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
stat UPA	1. PLACE OF DEATH	(I-a)
OCC	county me arundel	Registration Dist. No. 23
should of OCC	Village or City of anover (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? 6 8 yrs. 4 mos. ds.
PHYSICIANS oct statement	2. FULL NAME Foreson Frederic	ka Frentz
YSI	(a) Residence: No. Stort Run	St., Ward.
PH	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Xa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
×. H	France White OR DIVORCED (write the word)	Feb 14 1935
T L	5a. If married, widowed, or divorced	(Month) (Day) (Year)
Siff	(or) WIFE of Herman Co Hera to	22. HEREBY CERTIFY. That I attended deceased from
X A class	11 - wan C. Thenty	#el 1 1975, to Feb 14, 1975
		l last saw here alive on Franch 1975; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2m.
stated properl ertifica	91 2 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Browels preumona Fiely
may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Mys condial charge
sh it on	10. Date deceased last worked at this occupation (month and	Je is
	year) occupation	Other Contributory Causes of importance:
So t ctio	12. BIRTHPLACE (city or town) Bramen Terman	Confluence Febra
s, s	(State or country)	Samilety Tamal
pplied. AGI terms, so tha instructions	13. NAME Welkenst	artifoselisosis
	14. BIRTHPLACE (city or town)	Name of operation
1 2	(State or country)	What test confirmed diagnosis? The was there an autopsy? W
be careful SATH in p important.	IS. MAIDENTAMENSA Dereffelsolof.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
H H	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
AT	(State or country)	Where did injury occur?
DE	17. INFORMANT / La Harman C. Ferelle	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S E 5	(Address) former prod.	elay)
2 E	18. BURIAL, CREMATION OR REMOVAL  RIAGOLA COLOR OF DATA DATA DATA DATA DATA DATA DATA DAT	Manner of injury
O Z	macrider Jung Date 18 19 33	Nature of injury
nat CAI	19. UNDERTAKER Mrs. Chas. a. G. Rohde	24. Was disease or injury In any way related to occupation of deceased?
106	(Address) 2327 Edmondson av.	If so, specify
(7)	20. FILED Felc 15 1935 Slda M. Whitin	(Signed) M. D.
	Registrar	(Address) The state of the stat

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY,

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IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY.

UNFADING INK-THIS

JARGIN RESERVED

FOR BINDING

V. S. No. 1

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ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

NO

FATHER

MOTHER

TION

(Address)

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

OCCUPA

bluods

kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceesed lest worked at 11. Totel time (years) this occupetion (month and spant in this occupetion \_\_ 12. BIRTHPLACE (city or town) (Stete or country) 13, NAME 14. BIRTHPLACE (city or town) (State or country) ma 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country)

las

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Neture of injury. 24. Was diseese or injury in any way releted to occupetion of deceesed?

Wes there an au'opsy?

If so, specify \_\_

anks are needed, address State Registrar, 2411 N. Charles Street, Baltimore,

Other Contributory Causes of Importance:

Name of operation.

Accident, suicide, or homicide?

Where did injury occur? - Ccera

S. No. 1

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Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01398
1. PLACE OF DEATH	946
County U. U.	Registration Dist. No. 22
Village or City Near Oden Con	NoSt.,Ward
1	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Julius Som	
101 + 11.11	St. Ward.
(a) Residence: No. / (Security Office (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 25 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of HOUSE STORY	22.   I HEREBY CERTIFY, That I attended deceased from 2/2 5 1935 to 2/2 5 1935
6. DATE OF BIRTH (month, day, and year) Neek: 13"	I last saw bear affice on 2/25, ideath is said
7. AGE Years   Months   Bays   If LESS than	to have occurred on the date stated above, at 1.4.5. Qm.
42 020 2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Coronary Embolus 3/23/
SAWYER, BDOKKEEPER, etc.	
work was done, as SILK MILL Camp Milade	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (not) than do 2 3 spenting this	
year) occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or )Own)	
(State or county)	
13. NAME aleuline Johnson  14. BIRTHPLACE (city or town) — ——————————————————————————————————	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Yewlyway (State or country)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMAN AS Mary S. Golgo, (Address).	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURYAL, CREMATION, OR REMOVAL	Magner of injury
Washington /a. Date Jel. 10, 19, 3.	Nature of injury
19. UNDERTAKER A Frys Kaisge	24. Was disease or injury In eny way related to occupation of deceased? 200
20, FILED John 27, 1935 W. L. Jones	(Signed) 10 Marsh M. D.
Agfry Laca Pregistrar.	(Address) facus
If more blanks are needed address State Registrar	2417 N Charles Street Baltimore Requesting 91) S No 7

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ALCORALI V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Budy Released	to Kasilas	For Plan and	NATE
Jordy Ji deurna	M WONN	no nuny	. alsa cormera
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1/			

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	0	
1. PLACE OF DEATH		WOF)	1	
County a.a.		Registration Dist. No.		
Village Dr City amakoli	s Mar	No. Energence Hospital St.	Ward	
		death occurred in a borbital or institution, give its NAME instead of street and number	)	
Length of residence in city or town where death occu	ırredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.	
(a) Residence: No. Emergency	Hofiles sual place of abode)	St., Ward.		
PERSONAL AND STATISTICAL I		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
	LE, MARRIED, WIDOWED,	21, DATE OF DEATH		
OR DIVORCED (write the word)		Feb 9 193	5	
5a. If married, widowed, or divorced HUSBAND of (or) WIFF of		(Month) (Ďay) (	Yeer)	
(or) WIFE of		22. J. H. EREBY CERTIFY, That I ettended decease 1935 to Jel 9	ed from	
6. DATE OF BIRTH (month, day, and year)	6-1935	1 last saw here alive on Fel 9 , 19 3 3; deeth is said		
	Days If LESS than 1 devhrs.	to have occurred on the date stated above, at9_17_m,		
	3   1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset	
8. Trede, profession, or particular kind of work done, as SPINNER,				
A. Hede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEFER, etc	14-4-6	Intra Crancal Remorrhager Jel 6		
work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month end year)	1. Total time (yeers) spent in this occupation			
12. BIRTHPLACE (city or town) Anna afort	5 m	Dther Coutributory Causes of importance:		
13. NAME Samuel V	Hallock			
14. BIRTHPLACE (city or town)	~ <u>\</u>	Name of operation Date of		
(State of country) Systam see	4 ms	Whet test confirmed diagnosis? Was there an autops	nho	
15. MAIDEN NAME & Sella M	r. Buch	23. if death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	+	Accident, suicide, or homicide?		
Colate of Edulity) (Will . 4	21000 6			
17. INFORMANT Carried (Address) Lathort ma	Hally-K	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	2011 35	Manner of injury		
Place Mady lide M. Date	XL 10 ,19	Nature of injury		
19. UNDERTAKER 13. 22. 74 of 6. (Address)	any	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 2 / 0 , 19 95	Munft.	If so, specify (Signed) Leorge C. Darel	M. D.	
00	Registrar.	(Address) (Mulipality		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Clarge Claus de	Registration Dist. No. 22
Village or City Ser Esa M	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mask's Hassi	(o
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Tel. (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J. HERSBY CERTIFY That I attend deceased from
6. DATE OF BIRTH (month, day, and year) FEG 7-1858	I last saw h. en alive on Jeh. 9 3 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 4 0 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	were as follows: Chy. White. Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carterio I relevosor
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) le Ce Co (State or country)	Other Contributory Causes of importance: heart 2/1/31
	tw.
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAME LINE Eddis	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Address Agreement	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place family Date T Che 1933	Nature of Injury
19. UNDERTAKER / The Art Contractor Con-	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Fely 11, 1935 Claus M. Hastel.	(Signed) Want M.D.  (Address) Savage Luck.
Registrar.	(Address)

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Bulgar Va			
Other contributory causes of importance:	1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		(4 S	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01401	
1. PLACE OF DEATH	(108	
County A . O4	Registration Dist. No.	
Willage or City Annapolis	Nomergency took, st.	Ward
	death occurred in a harpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?	ds.
2. FULL NAME / 9 best Hall		
(a) Residence: No. 6 Pleasant Court	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3:5EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
nale Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yes	ar)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased	
D. X // 1219	+W 6 ,1935, to 7 1 0 ,19.	30
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. 197 alive on	is said
9,6 4 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	were as follows:	onset
sawyer, Bookkeeper, etc.	ac. Lobas Preumonia Feb	6
A Judustry or business in which work was done as SILK MILL		
SAW MILL, BANK, etc		
Shedan A S	Other Contributory Causes of importance:	1- 2
12. BIRTHPLACE (city or town) (State or country)	Cardrinde at angle of Rt. Jun Fel	2
13. NAME Hrank Hushis		<b>J</b>
13. NAME Prink Hulls 14. BIRTHPLACE (city or town) Spicimos	Name of operation Date of	
(State of country)	What test confirmed diagnosis? I have a My was there an autopsy?	
15. MAIDEN NAMETILLIAN Ansel	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Of funk Tushes	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Drouotneck Date 21/14/310	Nature of injury	
19. UNDERTAKER 18. J.	24. Was disease or injury In eny way related to occupation of deceased?	
(Address) Amapoly:	If so, specify	
20. FILED Z J.S., 1935 Muffering	(Signed) (Address) & la South Garts av.	_M. D.
If more blanks are model address State Projets as	N. Challe Court P. Line P. 19 C. N.	

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Example I

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1	4-1	

mation

V. S. No. 1

19. UNDERTAKER

(Address)

should state OCCUPA-

1 - 0 -	STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	014
1. PLACE OF	F DEATH	77	(1,10)	I
County	1.01	THE GORPOY	ATE LIMITS Periotration Diet No.	1 1
	a c a		Registration Dist. No.	4
Village or C	ity annap	The are	Not 61 West - St.,	<i>V</i>
Length of resi	dence in city or town where		f death occurred in a horpital or institution, give its NAME instead of street at second second in the second seco	
/ I = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1)	) A- 11	Mauskers	_11143
2. FULL NA	ME	gontarolle W	Il and was	
(a) Residen	ce: No./6/ W-	est	St., Ward.	
PERCON		(Usual place of abode)	If nonresident give city or town	
	1	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
M	W	Widowed	(Month) (Day)	, 193
5a. If married, widow HUSBAND of	ed, or divorced			
(or) WIFE of	Emma 1	Us Hawkins	22. IHEREBY CERTIFY, That I attend	ed decease
		0 - V 0 ( (1) (	Feb. 13,1935, to Feb.	, 19
6. DATE OF BIRTH	month, day, and year) 🙏	Seff 26-1861	liast saw have alive on Feb, 14,193	death; death
7. AGE Yea	rs Months	Days if LESS than	to have occurred on the date stated above, at _ 6_ Qm.	
1 - 1 -	13 4		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profes	sion, or particular	- 1-	Oseto Bransleten	Date
kind of w	ork done, as SPINNER, BOOKKEEPER, etc.	Vight Watching		
9. Industry or	business in which		0.1 1.4 1 2 4 1 2	1.
CAM MAD	L, BANK, etc	···	Carceronal formany in posterion Jon	G202
Date decease	ed last worked at pation (month and	11. Total time (years)	Tongula Ceirla	
year)		spant in this occupation	· · · · · · · · · · · · · · · · · · ·	
an Dimmithi ann 4 's	. Norlal	& olinginia	Other Contributory Canses of Importance:	
12. BIRTHPLACE (cit (State or cour	,		aremana longer 4	41
~	1.1.000 1	1 11a. k -	des aphagus	246
E .	walkaer u	Howyim		
14. BIRTHPLACE			Name of operation Date of	
(State of	country) a pa	. Co . no	What test confirmed diagnosis? Chance P. Was there a	n autopsy?
15. MAIDEN NA	ME Marcha	M Haman	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE	(aity or town)		Accident, suicide, or homicide? Date of Injury	
State or		L Co mo	Where did injury occur?	, 19
M.	- 6//	4 4	(Specify city or town, county and S	state)

24. Was disease or injury in any way related to occupation of deceased?

Ward

Thatal attended deceased from

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR @ 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE	The same of the sa	JF MAR	RYLAND—	CERTIFICATE OF DEATH	(114113
County	Anne Arui	ndel		Registration Dist. No.	21
	City Annapol		25 yrs mos	No. Acton Place death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution.	St., 3 Ward
	AME J. GARI ence: No. Acton	Plac e		St., 3 Ward.	
PERSO	NAL AND STATIS	(Usual place		If nonresident give city of MEDICAL CERTIFICATE OF D	
3. SEX male	4. COLOR OR RACE White	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 1	8 1935
5a. If married, wide HUSBAND of	Della Mare			22. I HEREBY CERTIFY That	l attended deceased from
	ears Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 5 m.  The PRINCIPAL CAUSE OF DEATH and related causes of impowers as follows:	, 19 <b>2</b> 4 ; death is said
9. Industry of work w SAW M	fession, or perticular f work done, es SPINNER, ER, BOOKKEEPER, etc. r business in which vas done, as SILK MILL, ILL, BANK, etc. esed last worked at cupation (month and	hnson La	imber Co. time (years) ant in this cupation	Corous of Fran	Date of one of the date of the
12. BIRTHPLACE ( State or co		esex Coginia	unty	Other Contributory Causes of importance:	- fru no
<b>E</b>	Granville S. CE (city or town) Mid	Healy,	County	Dilatation 7 hebs	Date of
(State		lirginia		What test confirmed diegnosis? Wa	is there an autopsy?
16. BIRTHPLAC (State	CE (city or town) Glo		aly,	23. If death was due to external causes (VIOLENCE) fill In also to Accident, suicide, or homicide? Date of inj Where did injury occur? (Specify city or town, courselfy whether injury occurred In INDUSTRY, In HOME, or in	jury, 19
18. BURIAL, CREMA	ACTION, OR REMOVAL nnapolis, Mo			Manner of Injury	
19. UNDERTAKER - (Address)  20. FILED 2 -	John M. Ta Annapolis, // 4, 1935		mujo lu	24. Was disease or injury In Ingress related to occupation of the If so, specify (Signed)	ceased?M. D.
/	***	11/1	Registrar.	(Address) June 1	144

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MA	ARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH		93-2
P G E D	County c		Registration Dist, No.
11 / 5 2	Village or City Panllesser	Hell	No. St., War
.= .	Length of residence in city or town where death occurre		f death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANS	(80! 1 x1	JA A A	s ds. How long in U.S. If of foreign birth?
	2. FULL NAME (Charlette	JAKK W	noj
	(a) Residence: No. And Usual	Nace of abode)	St., Ward.  If nonresident give city or town and State
REXACT ST	PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH
R. Ex		MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH
L L L	Len. Colored son	dur	(Month) (Oey) (Year)
NEN E	5a. If married, widowed, or divorced HUSBANO of	2	(100)
BINDIN FERMANI EXACT y classific	(or) WIFE of frank what	and	22. I HEREBY CERTIFY, That I ettended decesed fro
BINI ERM EX.	6. DATE OF BIRTH (month, dey, and yeer)	nous	I last saw h alive on 19 deeth is se
S d d d d d d d d d d d d d d d d d d d	7. AGE Years Months Oey:	If LESS than	to heve occurred on the date stated above, et 12 m/t.M.
FOI IS A state prop	75	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:
- 03 -	8. Trede, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	. 0	A A A A A
ED HIS	SAWYER, BOOKKEEPER, etc. 2/211000	me	agrity delatating of
ERVI IK—T) should it may n back	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		heart (come unknown)
RESERVED G INK—THIS GE should be that it may be ins on back of		otal time (years) spent in this	
RES INGE I THAT THAT ONS O	this occupetion (month end year)	spent in this occupetion	
Zare	12. BIRTHPLACE (city or town)	10	Other Contributory Causes of importence:
ARGIN UNFADI pplied. terms, so	(State or country)	8,00	Culein l. t
MARG] UNFA supplied n terms, ee instru	13. NAME John Voiter		Mescular decrare - Deceation 4-1
4 5 4 5	13. NAME Worter  14. BIRTHPLACE (city or town)		Name of operation Date of
1 1 1 1 1	(State or country)	5	What test confirmed diegnosis?
LALY, WITH be carefully EATH in pla	15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	orter.	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
car CH orts	0 16. BIRTHPLACE (city or town)	<u> </u>	Accident, suicide, or homicide?
id be cal	(Stete or country)	9	Where did injury occur? (Specify city or town, county and State)
A D D V	17. INFORMANT AND CARREST (Address)	man	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
The same of the sa	18. BURIAL, CREMATION, OR REMOVAL	Hill	
E SE	Plece Broachuck Dele	el 21 33	Manner of injury
WRITI mathor CAUSE TION is	DAB, Och	20-	Nature of injury
TCM	19. UNOERTAKER (Address)	alookes	24. Wes disease or injury in any wey releted to occupetion of decessed?
is is	20 5150 9. 21 GS YOU	(Ala) -	(Signed) Lucycoe Level Level
> 2(7)	20. FILEO (19 ) 19 2 A	Registrar.	(Address) Release Cours I
,	If more blanks are nee	ded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WR

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V. S. No. 1

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11				
17	A	4	12	9

1. PLACE OF DEATH					(83)
County Anne Arundel					Registration Dist. No. 21
Silvinia	Village Dr City Crownsville State Hospita  Off Length of residence in city or town where death occurred yrs 1 mos.				No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FUI	LL NAME	Ernest	Jackson		
					If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Black Married		RIED, WIDOWED,	21. DATE OF DEATH  February 6 (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jackson			on		22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 19.34 to Feb. 6, 19.35
6. DATE OF	F BIRTH (month, de	y, end year)	35		1 lest saw h 1 m alive on Feb. 6, 19 25; death is seid
7. AGE	Years 1900	Months Unknow	Deys	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, at A. Im.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NOTA NOTAN	ede, profession, or p kind of work done SAWYER, BOOKKE	, es SPINNER, EPER, etc	Labore	r	General Paralysis of the Unknown
	work was done, es SAW MILL, BANK, te deceased lest wo this occupation (mo	rked et	Unknow 11. Total 1	n time (years) nt in this upation Onknov	
12. BIRTHPLACE (city or town) Maryland (State or country)				upation QUILLIOY	Other Contributory Causes of Importance: Lue S Unknown
13. NA	ME Fre	d ?			
-	RTHPLACE (city or to (State or country)	own) liary	land		Neme of operation Oate of What test confirmed diagnosis? Was there an eutopsy?
15. MA	IDEN NAME	dith St	anley		23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland (Stete or country)					Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			cords e, Mary	land	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Journ albert Cemeter 1. Date 4/9/35, 19					Menner of injury
19. UNDERTAKER FRANCES A. Lemsley (Address) 578 It Biddle Street Bellings 20. FILED 6-25, 19 5-7- Joya				A Registrar.	24. Wes disease or injury in any way releted to occupation of decress of the second of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:  May 1, 1923  Gistgoenterity

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01407
1. PLACE OF DEATH	948
County a a	Registration Dist. No.
Village or City Courum (nem -	St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hoppital or institution, give its NAME instead of street and number)
2 FILL NAMES grah Malinda	, Irffrey.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jel. 6 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	24 I HEREBY CERTIFY. That I mended deceased from
named of young	1953 to Jack 6. 185
6. DATE OF BIRTH (month, day, and year) 100 1-3 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(last saw h. & alive on 1935; death is said
1 day,hrs.	to have occurred on the date stated abova, at
8. Trade, profession, or particular	were's follows: Daty of order
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	70/33
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Datte Co	Other Contributory Causes of importance:
(State or country)	Meluenza + Revenelutes 1/15/35.
13. NAME Ohn tacks on	0
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WYNAWY	23. If death was dua to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State op/pounlry)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Richard Myfrey (Address) Herrilla de Ind	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CATMATION, OR REMOVAL	Manner of Injury
Placet simplify Date Pery 7 1935	Nature of injury
19. UNDERTAKED (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED Kly 7 1985 Clara M Haslup	(Signed) Mark Stuller, M. D.
Registrar.	(Address) Savage, Ill.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIA
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Dy franchipley	
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01409
1. PLACE OF DEATH	95-03
County CL - CL -	Registration Dist. No.
Village or City Annahotio Ma.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I ladus lohnson	
(a) Residence: No. 3 3 Tanlor	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Manted	21. DATE OF DEATH Helmary 17, 193 5 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  Married	22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Quely 11, 1908	I last saw here alive on 2 et 17 1935; deeth is said
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at
26 7 July If 6 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Delatation of Blesh 2-17.3
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) $SI - Margred$ (State or country) $Q - Q - Q - Q - Q - Q - Q - Q - Q - Q $	Other Coatributory Causes of importance:  Linto Myprordity  Multure
13. NAME Solomon Lucas	
14. BIRTHPLACE (city or town) SI Margred	Neme of operation Date of
(State or country) $\alpha - \alpha - Col - Md$	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME IS OTY Stansbury  16. BIRTHPLACE (city or town) IS Margoretts  (State or complete)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Stete or country) a a c c v ma	Where did injury occur?
17. INFORMANT Lawrence Johnson (Address) 33 Jaylor St amploho mo	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Broad neck Comp Dete 2 - 20, 1935	Nature of injury
19. UNDERTAKER On the B. Parker- (Addiess) 77 washington, ST	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 /19 , 135 4 Januarys My. Registrat.	(Signed) Storyl C. J. Die M. D.  (Address) Annaholis M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Dr Baus El

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDAU V.S.	8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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Cerebral henorthage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of Occupation is very important. See instructions on back of certificate.
	be be
Trivia.	should it may
7 7	ACE that tions
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4	y su ain t
)	n pla
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	USE ON:
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	forn tate CUP
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PLACE OF DEATH County anne annael	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City 2 and Mon 18 2FULL NAME Shellen 14	Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 9 2 , 19335 (Month) (Day) (Year)
6 DATE OF BIRTH	17 i HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that i last saw halive on, 192,
7 AGE    If LESS than   I day hrs.   ds.   or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Alel from
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) & ast on hi	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER PAUL CANK	(Signed)
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ply Wall lange	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs de. ds. State yrs ds. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Rashel Punkhing	Former or usual residence
(Address) annalyth h	Sastant W 2 2, 19.55
Filed 9// 1935 J. A. Muradu - Respetar	20 UNDERTAKE ADDRESS PARTY OF ADDRESS PARTY OF ADDRESS
If more branks are needed, addre.s Ltake Registrar	, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "('Enhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. use of "Tumor" for malignant neoplasms); approved telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Izemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Measles (disease etc. The contributory valvular heart disease; Measles ; " ele.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

Date of onset

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County (Unne Wundel	Registration Dist. No. 2/
Village or City West anafsalis	No. Paulal St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
//5 /	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Engene Oliver Le	ague)
(a) Residence: No. Randall (UsusI place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of Etta L. League	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3. 1885	I last saw h in alive on in J. 1955 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
50 1 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Detaofonset
Industry or business in which	The second of the second
work was done, as SILK MILL, was worker	
O To. Data decaased last worked at this occupation (month and year) occupation occupation occupation.	
12. BIRTHPLACE (city or town) Chunapolis Upd.	Other Contributory Causes of importanca:
(State or country)	Ilania Victoria luka
13. NAME Oliver League	
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of country) Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Adam Fauche  16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIDL ENCE) fill In also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country) Maryland	Where did Injury occur?
17. INFORMANT Mrs. Etta League (Address) West Que akole ud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Leur apole, Md. Dato Feb. 26, 1935	Nature of injury
19. UNDERTAKER ALLEM Laylor (Address) Chumanotolo End.	24. Was disease or injury in any way related to occupation of decaased?
20. FILED. 2. 2. 6., 19. 3.5. A. M. M. F. Gistrar.	(Signed) Could Brill M. D.  (Address) Remarked M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		песетией	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
---------------------------	-----------------------------

Data of onset

21 20

BINDING FOR RESERVED

infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Anne Arundel Registration Dist. No. May o Village or City\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. ds. 2. FULL NAME WILLIAM HENRY LEE (a) Residence: No. Mayo. A. A. Co., Md. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) February male white marriad (Month) 5a. If merried, widowed, or divorced HUSBAND of Ellen Rebecca Lee I HEREBY CERTIFY, That I ettended deceesed from (OP) WHEE-of April 30. 1864 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Devs If LESS then to heve occurred on the dete steted above, et. 9 4, m 1 dev.\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and releted causes of importance 70 16 or .... min. 8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.\_\_\_\_ OCCUPATION carpenter 9 Industry or business in which work wes done, as SILK MILL. unknown SAW MILL, BANK, etc .... 10. Dete deceesed lest worked et 11. Totel time (yeers) this occupation (month end occupetion \_ County 12. BIRTHPLACE (city or town) A . . . . . . . . . (Stete or country) Maryland. 13. NAME James Westley Lee. Sr. FAT May o 14. BIRTHPLACE (city or town)\_ (Stete or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME Mary E. Jackson 23. If deeth wes due to external ceuses (VIDLENCE) fill in also the following: Talbot County. 16. BIRTHPLACE (city or town) .... (Stete or country) Where did Injury occur?\_\_\_

OF DE plnods (Address) 113 Academy St. Annapolis. 18. BURIAL, CREMATION, OR REMOVAL Plece Mayo. Md. Dete Feb. 16 19 35 CAUSE

17. INFORMANT Mr. Joseph Lee

19. UNDERTAKER Robert F. Suite. West St. Annapolis Md.

Registrar.

24. Wes diseese or injury in env way releted to occupation of If so, specify

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Neture of Injury

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Dete of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	IARTLAND—	CERTIFICATE OF DEATH 014	10
County Q. Q. Co.		(06-6)	
on II.	***************************************	Registration Dist. No. 2	
Village or City 1500 Politics	(1)	No. St., death occurred in a horpital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where death occur			ds
2. FULL NAME Mora May	Lieberman		
(a) Residence: No. Charce Con	ad franklin	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH Leb: 22 193	5
5a. If married, widowed, or divorced	mgie.	(Month) (Day) /	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decea	ased from
Zha	0	march 1934, to Feel 22	19.34
6. DATE OF BIRTH (month, day, and year)		I last saw here alive on Set 16, 1934; dea	ath Is sale
	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2. P.m.	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		- Cy	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Status Epilephicus	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			7
10. Date deceased last worked at this occupation (month and	1. Total time (years)	will extranation and of	22/33
year)	spent in this occupation	resulventar Clarations,	
12. BIRTHPLACE (city or town) Daltimo. (State or country)	e, md	Other Contributory Causes of importance;	-f/-
	101010	Upper reaferatory infection: 7	121/3.
	ourvan	mouning/a acutt transutto i duratifa, ast stated	
14. BIRTHPLACE (city or town) / Dawwy (State or country)	voil, hid	Name of operation Date of	
	· lassing	What test confirmed diagnosis? Was there an autops	y?_kcl.
7 12:	specing	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) - 1 - 2 altalys  (State or country)	noth THO	Accident, suicide, or homicide? Date of injury,	19
of one of there	mitt	Where did injury occur? (Specify city or town, county and State)	
(Address)	an frome	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	10 0	Menner of injury	
Place Class for Contract Date	Deb. 25, 19.35	Nature of injury	
19. UNDERTAKER (1. Alex Me Cy) (Address) 170 F F M	fly	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Feb 23, 1985 Caldu	cl Wodruff Registrof	(Signed) Saurence H. Serrall  (Address) 1009 Annapolis Bl.	M. D
If more blanks are		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
This child to been seen by me or a number of occasions during the past
year these convulsing attacks many times lasted for fine or side hours and the chief has framewithy been on the very of calplete afhanting a
Offe attacks were precipitated by almost any former condition and as
constraining cold etc.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	garrian.		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

1. PLACE OF DEATH		WITHIN CO.	0.00000	- 9	E)	21	
County Anna Arunde	L	WITHIN COR			Registration	Dist. No.	
Village or City Anna polis			No. 69	Amos	Garrett B	lvd. st.,	Ward
Length of residence in city or town where dea	th occurred 7	lt) mosmos	death occurred i	in a hospital o How long in U	r institution, give its NAM .S. if of foreign birth?	E instead of street and	number) 10sds.
2. FULL NAME JENNIE HO	OPLER Me	COY					
(a) Residence: No. 69 Amos (	Garrett (Usual place of al		St.,	Ward.	If nonresiden	t give city or town and	d State
PERSONAL AND STATISTIC	AL PARTICU	LARS		MEDICA	L CERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED OR DIVORCED (WILL)	o, WIDOWED,	21. DATE	OF DEA	TH February	12 (Day)	, 193 5
5a. If married, widowed, or divorced HUSBAND of						. , ,	(Year)
(or) WIFE of Joseph H. Mc	Соу		22		EBY CERTIF		
			teve	1	4, 19.31, to 1	-	,
6. DATE OF BIRTH (month, day, and yeer) Oct			I last saw h		on teburary	150	; death is said
7. AGE Years Months	Deys	If LESS than dey,hrs.	R .		te stated above, at 10-		
72 4		rmin.	were as follow	AL CAUSE OF	F DEATH and related caus	ses of Importance	Date of onset
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	nana		Ruyo	cara	etes che	our	7
SAWYER, BOOKKEEPER, etc	none		25 Fto	acu	te Carde	ac.	-
work was done, as SILK MILL, SAW MILL, BANK, etc			dela	lales	75	2-	12-31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	II. Total time ( spent in occupation	this					
12. BIRTHPLACE (city or town) New Jer:	a v		Other Contrib	utory Causes	of Importence:		
E	•				11 4-110		
I4. BIRTHPLACE (city or town)	v Jersey		Name of opera			Date of	77.
			What test con			Was there an	
15. MAIDEN NAME Sarah Van Ho	nac				nal causes (VIOL ENCE) fi		
16. BIRTHPLACE (city or town)	Jersey				de?	Date of Injury	, 19
			Where did inju		(Specify city or	town, county and Sta	te)
17.INFORMANT Mrs. J. E. Kl (Address) Annapolis, Mc			Specify wheth	er injury occu	irred in INDUSTRY, in HO	ME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	4						
Place Baltimore, Md.	Date Feb.	15 , 19 35	Manner of inju				***********
19. UNDERTAKER John M. Tay	lor		24. Was disease	e or Injury in	any way related to occup	ation of deceased?	RO
(Address) Annapolis, 1	id.	. 1	If so, specify	70		2	
20. FILED 2 14 , 19 35	Mun	Registrar.	(Signed)	Address) U.	S. Karol	acader	M. D.
If more bla	nks are needed, addre	ss State Registrar,	2411 N. Charles	Street, Baltim	ore, Requesting U. S. No.	I.	V

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 8 1835			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset	The principal cause of death and related causes	Data of smart
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
Iau 1.1923	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car uly 5,1927 Peritonitis  Other contributory causes of importance:

WRITE mation

V. S. No. 1 N. B.-

STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
-------	----	-------	------	--------	--------	----	-------

STATE OF MARYLAND-	CERTIFICATE OF DEATH 01419
1. PLACE OF DEATH	
County Clica Chim de	Registration Dist. No. 20
Village or City Davidonzille	/No.(): St., Ward
110 _ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME WILLIAM IN TOPLET	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOWED, OR DIVORCED, onrethe word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of Gorghenen living WM (2)	22, Teb. I HEREBY CERTIFY. Thet I attended decaased from 1934 to 726. 7 3~ 1935
6. DATE OF BIRTH (month, day, and year) 1886	I last sew h 2 alive on 74 f. 2/3 , 193 ; death is said
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at
Hg - unknin or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trade, profession, or particular kind of work dona, as SPINNER,	gruph, c child st, had
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	The fax, us
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and 1934 occupation occupation)	
12. BIRTHPLACE (city or town)	Other Coutributary Causes of importance:
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	
14. BIRTHPLACE (city or town).	Name of operation Data of What test confirmed diagnosis? Land Land Land Land Land Land Land Land
15. MAIDEN NAME ORINA IO MICHELL	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Service of miles with	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Christonille Date tel. 26, 1935	Nature of injury
19 UNDERTAKER JOS! To COL	24. Was diseasa or Injury in any way related to occupation of deceased?
(Address) Il and soundle, his	If so, specify
20. FILED FLEW 24,1935. Carry J. Swith Registrar.	(Signed) AMOUNT Sour, Se Mid M. D.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. Ever	ICIAN	temen	
)RD	IYS	sta	
RECC	PI	Exact	
-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Ever	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	
RMA	XA	classi	a <sup>*</sup>
A PE	ted E	perly	TION is very important. See instructions on back of certificate.
SIS	sta	pro	cert
HIS	be	be	of
K-T	hould	may	back
Z	E	at it	on
NG	AG	thi	ions
ADI	.pq	S, Se	ruct
UNE	applie	term	inst
TH	ly sı	lain	See
WI	eful	in p	ant.
LY,	car	TH	port
Z	d be	DEA	im '
PL	Conf	OF ]	very
TE	The U	SE (	18
VRI	atio	AUS	NO
1	E	C	I

1. PLACE OF DEATH					(3)			
Cou	County Anne Arundel			Registration	Dist. Np.	22,		
Village or City near Laurel			No. District Training Sch		Ward			
		*			death occurred in a hospital or institution, give its NAM		nd number)	
Leng	gth of residence	In city or town where	deeth occurred	yrsmos	ds. How tong in U.S. if of foreign birth?	угѕ	_mosds.	
		Baby Boy						
(a)	Residence: f	VD. District	Trainin	g School	St., Ward.			
			(Usual place		u .	give city or town		
		AND STATIST			MEDICAL CERTIFICATE	OF DEATH	4	
3. SEX Mal	1	Black	5. SINGLE, MAR OR NO PARCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	3	5	
5a. If marrie	ed, widowed, o	r divorced			(Month)	(Day)	(Yeer)	
(or) M	AND of IFE of	None			February 3, 19 35 February 3, 19 35	Y. That I attended bruary 3	led deceesed from	
6. DATE OF	BIRTH (mont	h, day, and year) Fe	b. 3, 193	35	I last saw h III Kilk on	, 19	; death is sald	
7. AGE	Years lborn	Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related caus	30 P.M.	portence	
8 Tra	8 Trade profession or particular			were as follows: Stillborn	4	2-3-31		
9 Indi	SAWYER, BOO ustry or busin	KKEEPER, etc						
UP	work was done	e, as SILK MILL.	None					
0 10. Dat	SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and year)  11. Total time (years)  11. Total time (years)  12. Total time (years)  13. Total time (years)  14. Total time (years)  15. Total time (years)							
	LACE (city or t		ct Traini Maryland.	ng School,	Other Contributary Causes of importance:			
1		John D						
Ξ		IIm	known		None		None	
¥ 14. BIR	THPLACE (city (State or coun	01 town)	ALIOW11		Name of operation	Date of	No	
		Geneva M	ont		mat test commined diagnosis:		an autopsy?	
15. MAIDEN NAME Geneva Mont  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Geneva Mont  Washington,					23. If death was due to external causes (VIDL ENCE) fi Accident, suicide, or homicide? NO Where did injury occur?	Ill in also the follow	ving: , 19	
17. INFORM		ords of Dis		ining Scho	Specify whether Injury occurred In INDUSTRY, in HO	town, county and S OME, or in PUBLIC	State) PLACE,	
18. BURIAL, CREMATION, OR REMOVAL Place School Training Feb. 4, 35.				4, 35.	Manner of Injury			
19. UNDERTAKER District Training School, (Address) Laurel, Maryland.				ool,	24. Was disease or injury in any way related to occup	ation of deceased?.	No	
20. FILED	tely 4	,1935-la	lara M 7	Caslufu Registrar.	(Signed) 1010 Davis	ning Scho		

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAIL 16 - 15CS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ANLY, WITH UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PL.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11-0
County Come arundel.	Registration Dist. No. 2
Village or City Annapoli	No. 133 Yung Lo St.,   Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. 133 17 ung Leo	St., Ward.
"(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Feb 25 193 5
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Single	1 HEREBY CERTIFY, That I attended deceased from 1955, to 25 1955
6. DATE OF BIRTH (month, day, and year) ling 22-1934	I last saw hem alive on Tel, 25, 1935; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6 3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER	- A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	fronch - preuma th. 2
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	(Billent ) follow-
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and spent in this	ing grappe. cong
year) occupation	Other Cautributory Causes of importence;
12. BIRTHPLACE (city or town) Curafetti 7444.  (State or country)	
13. NAME Resmeth Lesace	
14. BIRTHPLACE (city or town) E ustport	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME thelma Coliner	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). assarbella	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Thelma Oliver (Address) Charles of the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL July. 17 1 27 38	Mannar of Injury
Place Charleful Date Tely 2/, 19 3	Nature of injury
19. UNDERTAKER Who The Very Lyng (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 2 26 , 1935 Murph Registrar.	(Signad) Lenge Bosel M. I
# 1	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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V. S. No. 1

18. BURIAL, CREMATION, OR

19. UNDERTAKER

(Address)

should state

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 01422
1. PLACE OF DEATH	82:00
County Classification of the Country Classification of the Country Country Classification of the Country Country Classification of the Country Classificatio	Registration Dist. No.
Village or City 24 1st () City (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Police Car cer	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Thursday  Manager of	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Valders Constant	22. I HEREBY CERTIFY, That I attended deceased from July 1935, to July 1935
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h alive on I lost said to have occurred on the date stated above, at 12 300m.
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A service of the service of t	Upplo-flery 143-2
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and same sent in this securation (month and same sent in this securation).	
D. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or fown)  (State or country)  (Male Act	as ter an old series of
13. NAME for Cas Cinus	
13. NAME Lear Cas Clinical  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME ? Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Driesan C. Parter (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury Nature of injury \_\_\_\_

If so, specify

24. Was disease or Injury in any way related to occupation of deceased?\_\_\_\_\_

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B. W. B.	15		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICA	ATE	OF	DEATH
----------	-------	--------	---------	-----	----	-------

1. PLACE OF DEATH	—— (159) 2
County allege areunder	Registration Dist. No.
	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Left 16 1935  7. AGE Years Months Days If LESS, than	I last saw h alive on 19 ; death is said to have occurred on the date stated above, at 2 1 Am.
1 day,hrs ormin.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hemoline Little
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this operunation (month end spent in this	
10. Date deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
13. NAME (CILC) (BIRTHPLACE (city or town) for the registered (State or country)	Name of operation
15. MAIDEN NAME IS Hallings.  16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER DELOG Parker	Nature of injury 24. Was disease or injury in any wey related to occupation of deceased?
20. FILED. 7, 1935 - 11. 17. Clare for Registrar.	(Signed) (Address) Owngr - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for authorization of date of birth see letter I be	0
mader - Dal James - 3-11/35 - 4/1/35 - 30	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01424	
1. PLACE OF DEATH	(131)	
County a WITHIN CORPORA	Registration Dist. No.	
Village or City annapolis (1)	No. 220 Throat San St., Ward f death occurred in a horpitator institution, give its NAME instead of street and number)	
Length of residence In city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Joseph Ballies Pa	rodei	
(a) Residence: No. 220 Hay Seo (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jehrn 27, 1935 (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Sulan	22 Clarker 21 1934, to Filmy 27, 1935	
6. DATE OF BIRTH (month, day, and year) lepiel 14 - 1854	I last saw h. Line alive on Feching 27, 1935; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
80 10 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER.	Chrones Myseardity + Not	
kind of work done, as SPINNER, Relised Breek Mass SAWYER, BOOKKEEPER, etc Relised Breek Mass SINDER OF BUSINESS in which	Mistric reflictes Man	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
Note the seased last worked at 19 11. Total time (years) Johnson this occupation (manth and year)		
12. BIRTHPLACE (city or town) annafortic mg	Other Cantributory Causes of importance:  The Manual Control of the Control of th	
13. NAME John Parode		
13. NAME John Carole  14. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. DIRTHPLACE (city or town)  (State or country)	Name of operation Date of Was there an au'opsy?	
# 15. MAIDEN NAME Susian Corroll	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Susium Corroll  16. BIRTHPLACE (city or town)  (State or country)  Many Londo	Accident, suicide, or homicide? Date of injury19	
17. INFORMANT Josephine Blow (Address) 2/8/12 500 pp associous as	(Specify city or town, county and Slate) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mary Date Mar 2 19	- Nature of injury	
19. UNDERTAKER B & Hopofores	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 3 2 , 19 3 5° & Marsh Registrar.	(Signed) Walfon H. Hoffsun M. D. (Address) Auropalite Md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	h H	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of capportage:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
ADDITIONAL AD COLUMN		TID COLUMNIA DAY DAYLOY AND		

STATE OF MARYLAND—CERTIFICATE OF DEATH

01425

1. PLACE OF DEATH	A	(22m)
County W	i. Cav.	Registration Dist. No.
Village or City	supulis. My	No.   St., Ward St., Ward death occurred in a harpital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred	sds. How long in U.S. If ot toraign birth?yrsmosds
2. FULL NAME	nes / Juine	VITHIN CORPORATE LIMITO
(a) Residence: No. / S	Thestone	4 St., Ward.
DEDCOMAL AND CTATICA	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST  3. SEX /4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
Temala Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 , 193 S (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE ot	. Day	22. I HEREBY CERTIFY, That I attended deceased tron
o de la companya de l	Ma Jallothion	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years 1 Months	Days   If LESS than	I last saw h; death is said
(01)	) 3   1 dey,hrs.	to have occurred on tha date stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and related causes ot importance
8. Trade, profession, or particular	ormin.	were as tollows: Date of Onese Date of Oneset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tousewife.	I De De Denotion : not stated.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		Charle alla habita
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this	of heart
year)	occupation	Other Coalributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	mapoles	
	Wat Bins	Cluburn
13. NAME Columnia 14. BIRTHPLACE (city or town)	MAA	Neme of operation Dete of Detection
(State or country)	D. M. Ka.	What test confirmed diagnosis?
15. MAIDEN NAME UNK	nous.	23. It daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	ni Bran	Accident, suicide, or homicide?
17. INFORMANT DELCY	am hast Days	Where did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Data Mysse 3 1, 193 5	Manner of injury
	1 195.4	Nature of Injury
19. UNDERTAKER	CANGO MA	24. Was disease or Injury In any way related to occupation of deceased?
20 FILED 329 , 19 35	Muchy	(Signed) Themay of Quart M. D.
	Registrar.	(Address) Certury Cooner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE	OF MARYLAND-	CERTIFICATE OF DEATH 01	426
1. PLACE O	E DEATH		B WITHIN COREMAND LINES OF	,
County	live an	mdel.	Registration Dist. No.	/
Village or	City Chris	poli rud.	No. Co see years Hoaff St., if death occurred in a horpital or institution, give it NAME instead of street and	Ward
Length of res	sidence in city or town where			
2. FULL NA	ME Baty	Peterson Ru	th Marie - Stillbuth	
(a) Reside	nce: No. 96 / L	Usual place of abode)	St., 2 Ward.  If nonresident give city or town and	d State
PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  **LUMAN / 4  (Month) (Day)	, 193 5 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced	gle	22. I HEREBY CERTIFY, That I attended	
E DATE OF BIRTH	(month, day, and year)	Fel 18. 1935	I last saw h. R. alive on	, 19
	ears Months	Days if LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.	_, watii is said
		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profi	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	None	Stillbone Maserates:	
Q work w	business in which as done, as SILK MILL, ILL, BANK, atc		auleuala death	-
10. Date dacea this occurrency	sed last worked at upation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (c) (State or cou		upoli qua.	Other Contributory Causes of Importance:	
13. NAME	Ernest o	F. Peterson		
E -	E (city or town)	, C.	Name of operation	
(State o	or country)		What test confirmed diagnosis? Was thera an	autopsy?
	E (city or town)	tula Pd.	23. If death was dua to external causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide?	
7. INFORMANT _ (Address)	or country)	B Petuson	Where did injury occur? (Specify city or town, county and Star Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMA	TION, OR REMOVAL	Les Fel 16 1931	Manner of injury	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19. UNDERTAKER	tolany	Saybra (	24. Was diseasa or injury in any way ralated to occupation of decaased?	20
20. FILED. 2.	15,1931	I mus for w	(Signed) Marinaul olie (Address) US flavel Cheadan	M. D
	If mor	black are needed, address State Registrat	2 II N. Charles Street, Baltimore, Requesting T. S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	1 week ago
	- "
Run over by street car	2 7
	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH 01427
1. PLACE OF DEATH	93.0
County ame arundel	Registration Dist. No. 255
Village or City Sollers	No. Glen Burnie O. St., War
67 47.5	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrs
2. FULL NAME Richard F Ph	olls do
9 1 1 1	St. Ward.
(a) Residence: No. Markey held (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
a. If married, widowed, or divorced	(Month) (Day) (Yaar)
(or) WIFE of Esther a Phelps	1 HEREBY CERTIFY That I attended deceased from March 26 1924 to 76 2 1935
DATE OF BIRTH (month, day, and year) Puc 13 1889	I last saw h. (7 alive on Feb - 2 19.35 death is sa
AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 9 P.m.
43 6 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
18. Trade, profession, or particular kind of work done, as SPINNER, Grain a persatur.	My Terro- Melestic Myorandia
Industry or business in which work was done, as SILK MILL Downs on Chen Co	
	Carpen Delomperator 9-1-3
10) Data dacassad last worked at this occupation (month and year)	
St Cook	Other Contributory Causes of Importance:
BIRTHPLACE (city or town) Stanley College (Stata or country)	Journa Comments 104-
13. NAME Richard F Phelly	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What tast confirmed diagnosis? Was thara an au'opsy?
15. MAIDEN NAME Wary Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Ma	Where did Injury occur?
INFORMANTANS Esther a Phelps	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place marley Church Date Feb 23, 1935	- Nature of injury
UNDERTAKER John F. Denny	24. Wes disease or Injury In any way related to occupation of deceased?
O. FILED TAL 2 3 1935 Sha M. Whitam	(Signad) And July 4 M.
Registrar.	(Address) 30 Julyapan Un

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOI	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
----------------	--------	---------	------------	---------------	-----------

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	) ———	(139-2)
County Clerue C	undel	Registration Dist. No. 2/
Village or City Que a Survey Length of residence in city or town where		No. Energetic How field St., 2 Ward death occurred in a hospital or institution, give its MME instead of street and number)  ds. How long in U.S. it of foreign blirth? yes mos ds
Length of residance th city of town where o	neeth occurred yrs mos	ds. How long in U.S. iPof foreign birth?
2. FULL NAME ( and )	nane Jaka	and the second s
(a) Residence: No. Edge w	(Usual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lemale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maried	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced (or) WIFE of Genj. F. Po	phane	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year)	June 27 1896	Jan. 22 , 1935, to 5 , 1935   I last saw h
7. AGE Yaars Months	Days If LESS than	to have occurred on the date statad abova, atm.
38 1 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profassion, or particular	/ ' 2	Caronary Embalian 2/5/
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona as SILK MILL	Lucewefe	Hysterectory performed for febroid struck
9. Industry or businass in which work was dona, as SILK MILL,		and Coloteral salpinar - volsharities non-
SAW MILL, BANK, atc	I1, Total time (years) spantin this occupation	remereals Courses Disaction: not stated.
(2-0	- 10	Other Contributory Causes of importanca:
2. BIRTHPLACE (city or town) Calc	ut County	Fast Operalme gan
(Stata or country)	ud.	(H) # 19:
13. NAME Now. No	asmon	(Agagacaasag)
13. NAME W	usknown	Name of operation Date of 1/23/3; What tast confirmed diagnosis? Characal Was there an autopsy?
15. MAIDEN NAME Larale	word	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarale 16. BIRTHPLACE (city or town)	Source	Accidant, suicide, or homicida? Data of injury, 19
(State or country) Bala	mare	Where did injury occur?
17. INFORMANT M. Bery. ( (Address) & Law Sew.	Paplane Co. m.d	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	11.410	Manner of injury
Placa Mayo, a. a. Co.	Apata Feb. 8 ,1935	Natura of Injury
19. UNDERTAKER Bobert F.	Suite	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 7	Musple Hegistrar.	(Signad) J. M. M. M. M. M. M. M. M. M. (Address) Quin affective M.
16 mars		2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may -WRITE PLA B

PHYSICIANS should state RD. Every item of infor-

EXACTLY.

stated

properly classified.

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	3Y	PHYSICIAN	
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 01421
1. PLACE OF DEATH	(82:0)
County anne aremdel	Registration Dist. No. 23 ~
Village or City Devern O. O.	No Crain Hichways St, Ward
Length of residence in city or town where death occurred 3 Zyrs	If death occurred in a hospital or institution give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Minnie Pump	hrey
(a) Residence: No. Crain Hickory	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Felt 9  (Month) (Day) (Year)
5a. If married, widowed, or divorced  MUSBAND OF  (or) WIFE OF Bensuman F- Pumphise	22. I HEREBY CERTIFY, That I attended deceesed from
(OF) WIFE OF Denjiman I- Pumpke	18 4, to F. 7 , 193 5
6. DATE OF BIRTH (month, day, and year) Sec 29/859	I last saw h. elive on 745 , death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
// ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER ousservele SAWYER, BOOKKEPER, etc.	Hemorehage in the Brain 749,178
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this preparation (months and months). It is not a separation than the separation of the separation than the separation that the separation than the separation that the separ	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) - Anne armdel Co (State or country) Ma	Other Contributory Causes of importence: Carlina Salaronis. 1934.
13. NAME Henry Myera	
13. NAME Henry Myera  14. BIRTHPLACE (city or town) (Stete or country)  13. NAME Henry Myera  (Stete or country)	Name of operation Date of What test confirmed diegnosis?
15. MAIDEN NAME Wary myers	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) July (State or country)	Accident, suicide, or homicide?
17. INFORMANI/ S Jane Dyoni (Addréss) Grann Hydrony	Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Cedor Hell Date toh 11, 1995	- Nature of injury
19. UNDERTAKER John 7. Denny (Address) Jas & Moderney 14	24. Wes disease or injury In eny way related to occupation of deceased?
20. FILED 2/10, 1935 MACCILba Registrar.	(Signed) S. Bellingolie M. D.  (Address) Slive Burhus. Md.
	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

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Example I	i	Example II	57 100 100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEOENVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-			

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED B.-WRITE PLAINLY, WITH

	AND—CERTIFICATE OF DEATH 01431
1. PLACE OF DEATH	(3)
County Co. Ug f	Registration Dist. No. 237
Village or City Odeulow	NoSt.,W
Length of residence in city op town where death occurredyr	(If death occurred in a horpital or institution, give its NAME insteed of street and number)  yrs
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Le durcles
2. FULL NAME / Mary C.	UII
(a) Residence: No. (Usual place of abox	ode) St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED,	
Terrale white OR DEVORCED ("write	
5a. If married, widowed, or divorced	, ,
HUSBAND of Cluwel Ledwar	Lee 22. I HEREBY CERTIFY, That i attended deceased f
6. DATE OF BIRTH (month, day, and yeer)	/85/ i last saw her allve on 2//0, 19.3 S.; death is
	If LESS than to have occurred on the date steted above, at 1.45m.
	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Marocarlitis a 1920
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	refe Clarone restriction 192
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
SAW MILL, BANK, etc	vears) Smility
this occupation (month end spent in it year)	this
21/1	Other Coutributery Causes of importanca:
(State or county)	1) Quit Cordias
13, NAME Samuel Shaeme	aler 2 1:10 ton 2/9/
13. NAME Law wel Shaewa	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 2
15. MAIDEN NAME SURSUOUV	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME SUSSIONEN  16. BIRTHPLACE (city of Jown)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or comp(v))	Where did injury occur?
17. INFORMANT Stones Bedun	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sentro M	d,
18. BURIAL, CREMATION OR REMOVAL	1319 Manner of injury
Tioce La Unite Date Date	Nature of injury
19. UNDERTAKER OF STATE TOURSELY	24. Was diseasa or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20. FILEBELL 1 3 1968 M. Porashia	
70 11 1 11 11	Registrar. (Address)

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOKD. Every item of infor-	tate	CALSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
f in	s p	COL	
em c	hou	0	
y ite	S	t of	١
Sver	IAN	men	
D. I	SIC	tate	
Jok	HY	ct s	
REG	-	Exa	
LN	LY	÷	
NE	CT	ified	
<b>SMA</b>	XA	class	
PEF	函	·ly	ate.
A	ated	oper	tific
SIS	st	pr pr	cer
rHI	d be	y be	k of
K	houl	ma	bac
Z	ES	at it	no :
NG	AG	thi	tions
ADI	ed.	S, S	ruct
INF	pplie	erm	inst
H	ns /	in t	See
WIT	fully	n pla	nt.
, X,	care	H ii	orta
E	pe	EAT	imp
PLA	pluc	F-D	ery
E	sho	E	is v
MR	tion	TS T	NO
	ma	3	TI
I. B.	(	7	TION is very important. See instructions on back of certificate.
14	1		1

		S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 01432	
1	L PLACE OF	DEAT	ГН			93-c)	
	County	ann	e arund	lel		Registration Dist. No.	
	Village or City	/	Annapol	is		No. 142 Charles St., 3 Wal	rđ
	Length of reside	nce in cit	ty or town where	death occurred	yrs, 18 mos	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foraign birth?yrsmos	ls.
\ :	. FULL NAM	E SI	IZABUTE	I RIORDA		Attended to the second of the	
1	(a) Residence			rles		St. 2 Ward.	
1				(Usual place	The second secon	If nonresident give city or town and State	
				ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3,	SEX	4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	
	female		white	sin 1		(Month) (Oay) (Year)	
5a.	If married, widowed HUSBANO of	, or divo	rced			22. I HEREBY CERTIFY. That J attended deceased fro	_
	(or) WIFE of					was Calle 19 hero 1606 are	m
6.	DATE OF BIRTH (mo	onth, day	, and year)	[av 4 ]	861	History Africant was trall 419 h acounts	id
-	AGE Years		Months	Oays	If LESS than	to have occurred on the data stated above, at	
	73		8	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
z	8. Trada, profession	on, or pa	rticular			Date of one	ıt
OCCUPATION			as SPINNER, PER, etc	non	0	1, + 0 0 1 1	
JPA	9. Industry or bus work was do SAW MILL,	siness in one, as S	which ILK MILL,			Week Pelatetras 11.4	0
CC	10. Oate deceasad			11. Total ti	me (years)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r.,
0	this occupat	tion (mor	ith and	spe	ntin this	Theory,	
			De	vidsonv	ille.	Other Contributory Causes of importance:	
12.	(State or country			A. Co.	. No.	tr. marsa the	
2	13. NAME	Pat	rick Ri	ordan		+ Kelling allenger	
FATHER	14. BIRTHPLACE (c					Name of operation	
FA	(State or co		WII)	Irelan	d	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?	
ER	15. MAIDEN NAME	Ca	therine	Riley		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (c	ity or to	wn)			Accident, suicide, or homicide?, 19, 29	
X	(State or co			Irelan	đ	Whera did injury occur?	
17.		3 .04	Josephi has. S	ne Rior	dam polis. M	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATIO			73	. Ve	Manner of injury	
	Place 411113	TDOT	is, lid.	Date Feb.	4 , 19	Nature of injury	
19	UNDERTAKER JO	hn	M. Tayl	or.		24. Was disease or injury in any way related to occupation of deceased?	_
	(Address)	нар		d		If so, specify	
20.	FILED 2/3	3, 1	35	- Jmn	police. Registrar.	(Signed) Must Must M. M.	0.
			If more	blank are needed, a		2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	-

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Example I	i	Example II	200
The principal cause of death and related causes of importance were as follows:	- Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallelojtes	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Clubs	Com del	Registration Dist. No.
Village or City Village or City Constant of residence In city of the town w	////	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB-OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced IIUSBAND of (or) WIFE of Rely	ca grey Sharp	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	about 1865	I last saw h alive on, 19; death is said
7. AGE Years Month	hs Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPIN NEL SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL.	Taru Latiror	no purposeau us allestans
SAW MILL, BANK, etc		sufficient to have been
10. Date deceased last worked at this occupation (month and year)	II, Total time (years) spant in this accupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	aryland	
13. NAME /107 /	Benu	
14. BIRTHPLACE (city or town)(State or country)	· · · · · · · · · · · · · · · · · · ·	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or confuty)	Anonu	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT	Frott	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMKTION, OR REMOVAL Place Hearthalia	Date 2/9,1535	Manner of injury
19. UNDERTAKER Jakers (Address)	triends lism kid.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 2/8, 1935	H.D. Class log.	(Signed) Soldiers & May 100

V. S. No. 1

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TORREAD V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroen teritis .	1 year	

mation s CAUSE

N. B.-WRITH

V. S. No. 1

should state

STATE OF	MARYL	AND-C	ERTIFIC	ATE	OF	DEATH
----------	-------	-------	---------	-----	----	-------

1. PLACE OF DEATH		93-7	
County Classes	arued	Registration Dist. No.	20
Village or City Gally	A180	No. St.,	Ward
Village of City	(If	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where deal	th occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs m	103ds.
2. FULL NAME Lauf	Shipher	L	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	l State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	OR DIVORCED (write the word)	21. DATE OF DEATH	
male It hite	Lucale	(Month) (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of			
(or) WIFE of		22. I HEREBY CERTIFY That attended	deceased from
9	Feb. 10.1855	1932, to 24	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	710		; death is said
7. AGE Years Months	Days if LESS than 1 day,hrs.	to have occurred on the date dated above, at	
17 1 /(	ormin.	were as follows:	Date of onset
R. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	na min	Myocardiles Execuse	7
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	wew	·	
work was done, as SILK MILL, SAW MILL, BANK, etc.			-
10. Date deceased last worked at this occupation (month and	11. Total tima (years) spant in this		
yaar)	occupation		-
12. BIRTHPLACE (city or town)	- anuelles	Other Contributory Causes of importance:	
(State or country)		1	
II 13. NAME Thilling	- Stables		
14. BIRTHPLACE (city or town) 75 Bis	to ma	Name of operation Date of	-
(State or country)		What test confirmed diagnosis? Was there an	
IS. MAIDEN NAME 2Man (	Devent	23. If death was dua to external causes (VIOLENCE) fill In also the followin	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	, _	Accidant, suicide, or homicide? Date of Injury	
State or country)	11/ (Bullet	Where did injury occur?	17
8 0	10 10.0	(Specify city or town, county and Sta Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te)
17, INFORMANT Of COLUMN (Address)	Plane	Specify mission injury occurred in introduction, in nome, of introduction for	AUL.
18. BURIAL CREMATION, OR REMOVAL	1 /2/1	Manner of injury	
Place West Clin	Bate /6 ,1935	Nature of Injury	
Boul N	ophico		
19. UNDERTAKER (Address) Cluck ass	tes Imd.	24. Was disease or injury in any way related to occupation of deceased?	Mel
2/5 35-1	1-10/3/	(Signed)	A M D
20. FILED	Des brall Registrar.	(Address) Ztet Pio	ei
n t	The state of the s	(	

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUPPRAIL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-	
	EV	CIA	tem	
	RD.	YSI	sta	
	5	PH	act	
	RE		Ex	
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Z	N	CJ	sifie	
S	R.W.	YX	clas	
BI	PEI	田	2	ate.
FOR BINDING	4	ted	per	tific
F(	IS	sta	pre	certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	103
County Unne Mundel	Registration Dist. No.
Village Dr City Deele	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cornelia Smith	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write this word)  Was word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Corn WIFE of Some Smith	22. I HEREBY CERTIFY. That I attended deceased from Jan 31, 1934, to tech 4, 193.5
6 DATE OF BIRTH (month day and year) May 10 1860	Clast saw has alive on Feb 4 , 1935 ; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days   I LESS than	to have occurred on the date stated above, at 250 A.m.
74 8 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Labor Preumonia
9. Industry or business in which	100 miles
Work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation	
$\Lambda$	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thomas Parks	
13. NAME / Kornes Parks  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Miss Salsbury	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Subil Crandell (Address) Seele Ma	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place I Kuster Char Date the 6,1935	Nature of injury
19. UNDERTAKER Robert Word  (Address) Friendskil	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Februs 1935 - Sees T Dent In D. Registrar.	(Signed) Ged Then M.D.  (Address) Churchia, M.D.
u .	2ALL N. Charles Street Baltimore Requesting T. S. No. 1

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ä ż

	D-CERTIFICATE OF DE	EATH 01436
EATH . A -	Registrati	on Dist. No. 2
Bustport	No. 277 Clarker.  (If death occurred in a horpital or institution, give its NA	AME instead of street and number)
in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?	

County  Village or City  Village or City  (If death occurred in a horpital or institution, give its NAME instead of st Length of residence in city or town where death occurred yrs, mos, ds. How long in U.S. if of foreign birth?  (a) Residence: No.  Vard.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3, SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of  VIII death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If nonresident give city or town where death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If nonresident give city or town where death occurred in a horpital or institution, give its NAME instead of st  (If nonresident give city or town where death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If death occurred in a horpital or institution, give its NAME instead of st  (If nonresident give city or town where death occurred in a horpital	mos
(If death occurred in a horpital or institution, give its NAME instead of st Length of residence in city or town where death occurred yes	mos
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs.  2. FULL NAME  (a) Residence: No. 2 7 7	mos
2. FULL NAME  (a) Residence: No. 2 7 7  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	town and State
(a) Residence: No. 277 Chestar Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of HUSBAND of Colored	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  6. Under this BAND of the Widowed, or divorced HUSBAND of	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	
5a. If married, widowed, or divorced HUSBAND of AUSBAND	/
5a. If married, widowed, or divorced HUSBAND of	, 193.7
	(Yea
	attended deceased
, 19, to	, 19.
6. DATE OF BIRTH (month, day, and year) has 6 (932) I last saw h alive on	19; death i
7. AGE Years Months Deys If LESS than to have occurred on the date steted above, at J. A.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of Importa	1
9 Trade profession or particular	Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Onumeration	
▼ 1 3. Industry of Dusiness th which	
SAW MILL, BANK, etc	
- this occupation (month and 1 Spant in this	
year) Occupetion Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town). Quelfort	
(State or country)	
13. NAME James Snowdler	
14. BIRTHPLACE (city or town) Possel Name of operation I	Date of
What test confirmed diegnosis? Was t	here an autopsy?_
15. MAIDEN NAME Stancia Blanch, 23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town) Bushert Accident, suicide, or homicide? Date of Injury	
E (State or country) Where did injury occur?	
(Specify city or town, county	and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HUME, or in PU  (Address) 277 (Lee 1)	PLIO I LAUE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	*********
Place Asbury Carrettely Date Jebo 6 , 100 Nature of injury	
19. UNDERTAKER 24. Wes disease or injury in any way related to occupation of decer (Address)	ased?
	21/4/
20. FILED 2 195 Min (Signed) Count NO Hyprism	

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ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	<b>PHYSICIAN</b>

1	STATE OF MARYLAND—County a County	Registration Dist. No. 20
		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign blith? yrs. mos. ds.
2	(a) Residence: No. Justill, and (Usus) place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  LU.  (Month)  (Day)  (Yeer)
5a.	If married, widowed, or divorced HUSBAND of	
	(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
6. D	DATE OF BIRTH (month, day, and yeer) Feb. 2, 1935	I lest saw h_ent alive on 7.1. 2, 19.35; death is seid
7. A	Months Days If LESS than 1 day,	to have occurred on the date stated above, et#Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
-	8. Trade, profession, or particular	were es follows: Stellaborn Date of onset
100	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
JPA	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
OCCUPATION	10. Date deceased last worked at fhis occupation (month and year) 11. Total time (years) spent in fhis occupation	
12.	BIRTHPLACE (city or town) a. g. County- (State or country)	Other Contributory Causes of imporfance:  Sifficult delivery
2	13. NAME Percy Shrians	mila instruments_
FATHER	14. BIRTHPLACE (city or town) . a . a . Marinty (Stete or country)	Name of operation
EP	15. MAIDEN NAME Marriel Harvey	What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to externel causes (VIOL ENCE) fill In elso the following:
MOTHER	16. BIRTHPLACE (city or town) a. q. County (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
17.	INFORMANT ( Jather )	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CHEMATION, OR REMOVER 2/3/3/5- Place Priggs Cemeleypate 2/3/3/5-	Mannor of injury
19.	UNDERTAKER James Spriggs	Nature of injury  24. Wes disease or injury In any way related to occupation of deceased?  If se, specify
20.	FILED 2/3, 1930 W.R. Claryton	(Signed) E mily H hilson, & M. D.  (Address) Lythias 1 md

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

3. SEX

7. AGE

HUSBAND of

(or) WIFE of

Jach	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		Oudocordiles: Chronic	
	10. Date decessed last worked et this occupation (month and year)	11. Total time (years) spant in this occupation	Awrakin : fine years. Cur	
CHOM	12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:	P
mile	(State or country)	enck skel	Hailing Compuns how	arey:
	14. BIRTHPLACE (city or town)		Name of operation Date of	
	(State or country)  15. MAIDEN NAME Frances Bu	nous telas	What test confirmed diagnosis? Was there an alg. 23. If death was due to external causes (VIOL ENCE) fill in also the following	
0114	16. BIRTHPLACE (city or town)	3 <b>—</b>	Accident, suicide, or homicide? Dete of injury Where did injury_occur?	, 19
N T	17. INFORMANT Sty Lufu	Taylor	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	
IS VEI	18. BURIAL, CREMATION, OR REMOVAL	150 h 1030	Manner of injury	
IOTA	19. UNDERTAKER Sep. W	ittle	24. Wes disease or injury in any way related to occupation of deceased?	200
7	(Address) 27006 day	drou A	If so, specify (Signed) - Wallow Phone as	
	20. FILED 011 7, 19.3.5	M. Saud Registrar.	(Address) 3136 Manford 20	

. D.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EUREAU V. s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
OITTIE		1414 417 1 -	71110	CLIVIII	0/11		DEMILI

01	1	2	1)
VI			1

1. PLACE OF DEATH			82:00	
County Cu	Lu.	0:/	Registration Dist. No. 24	
Village or City	ustono	(If yrs, mos	No. St.,  death occurred in a horpital or institution, give its NAME instead of street and in the stre	
2. FULL NAME	mail I	2	thomas.	
(a) Residence: No.	hand to	i 7779	/ St., Ward.	
DEBEONAL AND CTA	(Usual place		If nonresident give city or lown and MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STA			21. DATE OF DEATH	
Male 4. COLOR OR RA		D (write the word)	(Month) (Day)	, 198 3 (Tear)
HUSBANO of (or) WIFE of Mary	. Loly of	Tomes	72. I HEREBY CERTIFY, That I attended  Feb. 5 ,1935, to Feb. 11	daceased from
5. DATE OF BIRTH (month, day, and year	1) Oct. 8 -	1976	I last saw here alive on Feb 11	; death is said
7. AGE Years Mo	nths Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at // _Pm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc  10. Data deceased last worked at this occupetion (month and year)	11. Total t sp3	ime (years) nt in this upation	Cesebrel hemprohage Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	avaj	md.	Hypertention	
13. NAME GOOD	e. Hum	the.	0'	
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	Calvert	nid.	Nama of operation	nioney?
15. MAIOEN NAME	nknow	./	23. If death was due to external causes (VIDLENCE) fill in also the following	
16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)	and the	Lamon H.	Accident, suicide, or homicide?	, 19 e)
18. BURIAL, CREMATION, OR REMOVAL	nad Data Felic	14 , 1935	Manner of injury	
19. UNOERTAKER Offices (Address)	E Hick	o france	24. Was diseasa or injury in any way related to occupation of deceased?	20
20. FILED. tal-13 , 1935	Les T Sent	Registrar.	(Signed) Les I Went M.	M. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Europe Transcending to the Control of the Control o	

1. PLACE OF DEATH	
County Gamary - all	Registration Dist. No. 22
Village or City feasings	No. St., War St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. do
2. FULL NAME Baby Boy (Res	kin Thompson
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Suringle	21. DATE OF DEATH  Z (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I/HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 2/14/35	1   19   5   19   5   19   5   19   5   19   5   19   5   19   5   19   5   19   19
7. AGE Years Months Days if LESS than 1 dey,	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Trade perfeccion or particular	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Por sille Less or
O 10. Date deceased lest worked at this occupation (month end spent in this occupation occupation occupation this occupation this occupation oc	Contract of the second
12. BIRTHPLACE (city or town) June Med (State or country)	Othar Contributory Causes of Importance:
13. NAME Francis, Henskin	
13. NAME Francis Husking 14. BIRTHPLACE (city or town) January Willed	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy? 24
16. BIRTHPLACE (city or town) Jesusque	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mary Hebron	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIeca Interestal Com. Date Fely 16, 193.	Manner of injury
19. UNDERTAKER Followis Prustin Faller	24. Was disaase or injury in any way raleted to occupation of dacaased?
20. FILED Fely 15, 1935 Clara Ma Hasleh	(Signed) B PW annum M.  (Address) Found Wed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARVI AND-CERTIFICATE OF DEATH

011110

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	Example 1		Example II		
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BOLDER ESTAVES	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 6 1999	July 5,1927	Perilonilis	3 days ago	
	BUREAU V. S.	2			
Other contributory ca	uses of importance:	. ·	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	93
County U. a.	Registration Dist. No.
Village or City_ Constant Cons	No O 9 Collision St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs	most 1 O.ds. How long In U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Comarles y 11	somepson
(a) Residence: No 10 9 lessifies (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Fig. 12 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE-OT mary M. Monifeson	1 HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, end year) april 2 -1871	I lest sew h. a. alive on 4 1 2 1935; death is said
7. AGE Years Months Deys If LESS that 1 day,	
60 10 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Paleed Panelet SAWYER, BDDKKEPER, etc.	Datedione
SAWYER, BDDKKEEPER, etc.	- Ct. My or antites Sine
Mork was done, es SILK MILL, Blind 1926 SAW MILL, BANK, etc	will dilation - man
kind of work done, es SPINNER, Relief Paule SAWYER, BDDKKEPPER, etc.  Industry or business in which work was done, es SILK MILL, SLind 1926  SAW MILL, BANK, etc.  10. Date deceesed last worked et this occupetion (month end year)  year)  11. Total time (years) spent in this occupation.	Jesus al anasarca
12. BIRTHPLACE (city or town) annapoles on	Dther Contributory Causes of Importance:
(State or country)	Bottom of Lines of Land
13. NAME John Chompson  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Eligabetts Obery	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Eliqubetto Obery  16. BIRTHPLACE (city or town) unapplies m	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Gerlrude Walkins	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1
Place Older Bluff Dete Fil 15 - 19.	Menner of injury
B 401 cl. 1	Nature of Injury
19. UNDERTAKER (Address) Company of the Company of	24. Was disease or Injury In any way related to occupation of deceased?
15 155 AM LEN AL	(Signed) / Oliver lunus M. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

Date of enset

# STATE OF MARYLAND—CERTIFICATE OF DEATH

OCCUPA. 1. PLACE OF DEATH should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? PHYSICIAN 2. FULL NAME If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT 5a. If married, widowed, or divorced HUSBAND of 6. DATE OF BIRTH (month, day, and year) certificate. If LESS than 7. AGE Years Months Deys 1 day, ....hrs and related causes of Importance or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc ... may . Industry or business in which plnous work was done, as SILK MILL, SAW MILL, BANK, etc.... IO. Dete deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation \_\_ instructions Other Contributary Causes of importance: 12. BIRTHPLACE (city or town und (State or country) FATHER 13. NAME Counte 14. BIRTHPLACE (city or town Name of operation.... plain (State or country) carefully What test confirmed diagnosis?\_ ----- Was there an autopsy? MOTHER important. ij. 23. If deeth was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnoq 17. INFORMANT & OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury -WRITE mation CAUSI Nature of injury. TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER if so, specify

BINDING

RESERVED

LARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V/S. No. 1.

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TRECEIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A Language At Lang			

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County Manual Mills or City Alexe Manual Man	:	L PLACE OF	EDEATH					ZATYO
Color or Race   S. SINGLE MARRED, MIDOWED   Corp. Williams or particular work of ward down as SILK MILL. SAW MILL, BARK etc.   11. Total time (years)   18. BRTHFLACE (city or town)   Secuency   19. Silks or country)   Mark   19. Silks or country		County_	me,	Uru	nolel		Registration Dist. No.	So
Langth of residence in city or town where death occurred yrs		Village or C	ity Le	ale				
2. FULL NAME  (a) Residence: No.  (Usual place of abodo)  St., Ward.  H sourceident eye city of town and State  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR DIVORED FOR MARKED, WIDOWED, OR REMOVAL PLACE, COLOR OR RACE OF MARKED, WIDOWED, OR DIVORED FOR MARKED, WIDOWED, OR DIVORED FOR MARKED, WIDOWED, OR DIVORED FOR MARKED, WIDOWED, OR REMOVAL PLACE (CITY or town).  S. Trade, profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular were as follows:  Data of one of the profession, or particular w		Lameth of conf	damaa im aitu aa tau.	n where double				
(a) Residence: No.  (Utustplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (were the word)  St. I married, widowed, or divorced (or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Traced, profassion, or particular  SAWYER, BOOKKEEPER, etc.  10. Data of seed at which word and with the word of a state of a			11	n where death	occurred	2	9 00 /	_ HIUSus.
Clust place of abode   Cluster   C		2. FULL NA!	ME /	elen	My	u si	elloon.	
3. SEX  4. COLOR OR RACE  OR DIVORCED Currier No word)  Col  Short of DEATH  (Month)  1935  22. I HEREBY CERTIFY. That I stended deceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	produc	(a) Residen	ce: No.		(Usual place of	f abode)		and State
59. II married, victowed, or divorced HUSEAND or divorced HUSEAND or HUSEAND		PERSON	AL AND STA	ATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	'H
53. II married withowed, or divorced HUSBAND of Corp. WIFE of	3.	Fan	4. COLOR OR RA		OR DIVORCED	(write the word)	ter 27	, 1935
HUSBAND OI (or) WIFE of (or) WIFE (o	5a	. Il married, widow	ed, or divorced		2000	7-4	(Month) (Day)	(Yasr)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  O  O  O  I day, hrs. of hrs. of hrs. of hrs. of hrs. of of		HUSBAND of		1			22. I HEREBY CERTIFY, That I atte	nded deceased from
TAGE Vears Months  O O O ILLESS than Iday, 6 hrs. or. D min.  The PRINCIPAL CAUSE OF DEATH and rainted causes of importance were as follows:  Date of onest were as follows:  Date of onest were as follows:  Date of onest  Date of injury.  Date of injury.  Date of injury occurr?  Date of injury occurr?  Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Date of injury.  Date of in					-	.601		
State or country   The RITHPLACE (city or town)   The RITHPL					-21	,1793		; death is sald
8. Trade, profassion, or particular house of the profession of the profession of particular house of the profession of particular house of the profession of the pro	7.	AGE Year						
SAVER, BOKKEPER, etc.  10. Data deceased last worked at this occupation (month and years) spent in this year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME Pilson Tylu  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME Lasan Jame Affer  (State or country)  16. BIETHPLACE (city or town).  (State or country)  17. INFORMANT Melson Tylu  (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place.  19. UNDERTAKER Affer  (Address)  19. UNDERTAKER Affer  (Address)  19. UNDERTAKER Affer  (Signed)  M. D.  M. D		U	0		U			Date of onset
12. BIRTHPLACE (city or town) (State or country)  13. NAME pilson Tylin  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Question (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT vilson (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Tylin (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Other Contributory Causes of importance:  Other Contributory Causes  Other Contributory   Z	8. Trade, profas	sion, or particular rork dona, as SPINI	NER,			0.00		
12. BIRTHPLACE (city or town) (State or country)  13. NAME pilson Tylin  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Question (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT vilson (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Tylin (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Other Contributory Causes of importance:  Other Contributory Causes  Other Contributory   T			(n	me		Sullborn		
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12. BIRTHPLACE (city or town) (State or country)  13. NAME Pulson Tylin  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Pusam Prene Offer  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Pulson  18. BURIAL, CREMATION, OR REMOVAL Place Tylin  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED For 27, 1935 Les Name  11. Same of operation  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?  Operify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Natura of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Manner of injury  Natura of injury  Natu	0				oecu span	tin this pation		
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(Address) Leake Mg If so, specify.  20. FILED Fat 27, 1935 Les & South by Signed) Leg & Dent M. D.  (Signed) Leg & Dent M. D.		Place	lu Cen	(E	ate FCL	2 8 193.5	Natura of injury	
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20. FILED HV 27 , 1931 214 VIIII DIL		Fi	25 05	- 6.	. 1		4. 1. 1	1 M. D.
	20	, FILED MA	1932	de	1. V	Registrar.	10 .10 - //	rd

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JEIRENUN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF		OF MAR	YLAND-	CERTIFICATE	OF DEA	TH	01444
	Anne Arui	rahn		(13-0)	Desistantina F	Dist. No.	21
County	Annapol			No. Emergency	Registration I		2
Village Dr City	Amapoi	119	(If	deeth occurred in a horpital or instit			nd number)
Length of resider	ice in city or town wher	e death occurred	5yrs6mos	ds. How long in U.S. if	of foreign birth?	yrs	_mosds
2. FULL NAM	E CHARLO	PTE G. U	NDERWOOD				
(a) Residence	No. Car vel			St., 2 1 Ward.			
DEDCONA	LAND CTATIC	(Usual place		I MEDICAL C		give city or town	
	L AND STATIS		RIED, WIDOWED,	21. DATE OF DEATH	CERTIFICATE	OF DEATH	1
female	white		D (write the word)		bruary (Month)	18 (Oay)	, 193 (Year)
5a. If masried widowed,				22. A I HEREB	YCERTIE	V Stratch attend	lad deceased from
(or) WIFE of E	imund B. 1	Underwood	i	Fon 2	19 5 5 to	Flore	18 19 B
6. DATE OF BIRTH (mo	nth, day, and year)	Oct. 12.	1857	I lest saw h. L. alive on	Flen	17 19.3	death is sail
7. AGE Years	Months	Days	If LESS than	to have occurred on the date sta	ted above, at	m.	
7	7 4	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related cause	s of Importance	15
8. Trade, profession kind of wor SAWYER, BI	in, or particular k done, as SPINNER, DOKKEEPER, etc	none		ar him	ren Irli	<b></b>	Date of onse
9. Industry or bus work wes do				ae is	lalales	229	1.000
10. Date deceased this occupat year)	ion (month and	spe	Ime (years) nt in this upation	Tours		0	
12. BIRTHPLACE (city o	r town)			Other Contributory Causes of imp	portance:		
(State or country		New Yor		Men	1 senas	mes	Ohen
13. NAME J	ohn Emers	on Hamil	ton				
14. BIRTHPLACE (c (State or co	ity or town)V	ermont		Name of operation What test confirmed diagnosis?_	Planeaul	Oate of	in autopsy?
15. MAIDEN NAME	Adeline :	Parmelee		23. If death was due to external co		in also the follow	ving:
16. BIRTHPLACE (c	ity or town)			Accident, suicide, or homicide?		Date of injury	, 19
-   (State of Co		Vermont		Where did injury occur?	(Specify city or t	town, county and	State)
	37 Panama	St. Phi	la., Pa.	Specify whether Injury occurred	in INOUSTRY, in HDI	WE, or in PUBLIC	PLACE.
18. BURIAL, CREMATIO	polis, Md	• Date Feb	. 19 <sub>,19</sub> 3€	Manner of Injury	-		
19. UNDERTAKER J (Address) A	ohn M. Ta			24. Was disease or injury in eny	way related to occupa	tion of deceased?.	no
20. FILEO 2 1.8	,19.35	MI	Registrar.	(Signed)	May	istes ?	M.
	If mo	re blanks are needed,		2411 N. Charles Street, Baltimore, 1	Requesting V. S. No.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onsel of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	YSICIAN	AN
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1.	SI PLACE OF DEAT	H	F MAR	YLAND—	CERTIFICATE OF DEATH	0144
	County 3 Am	me-1	Burn	el (	Registration Dist. No.	22.
	Village or City B. Z.	oun l	osey	Hansva	Mio. St.,	Ward
	740		J.		death occurred in a hospital or institution, give its NAME instead of street and	d number)
	Length of residence in city	y or town where d	eath occurred	yrs,mos	/ds. How long In U.S. if of foreIgn birth?yrs	mosds
2.	FULL NAME	Carre	nnn	,d ==		
	(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town as	nd State
	PERSONAL ANI	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
. SEX	fr. 4. color	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH AND 10 (Day)	, 193. 5 (Year)
	married, widowed, or divor	ced				
	(or) WIFE of		Shiring the		22. I HEREBY CERTIFY, That I attende	
DA	TE OF BIRTH (month, day,	and year Valut	how. The	1,0/05	I last saw h alive on	
. AGE		Months	Days	If LESS than	to have occurred on the date stated above, atm.	
			/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	15: 1
	8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEF	S SPINNER,				Data of onse
1000	9. Industry or business in work was done, as SI SAW MILL, BANK, et					
11	O. Date deceased last work this occupation (mon year)	ked at	11. Total t spe occ	ime (years) nt in this upation		
12. BI	RTHPLACE (city or town) _ (State or country)	3. Belove	endlos	y / fangre	Other Coutributory Causes of importance:	
1	3. NAME Anh	2002				
	4. BIRTHPLACE (city or toy				Name of operation Date of	
	(State or country)	NII)			What test confirmed diagnosis? Was there as	
1	5. MAIDEN NAME				23. If death was due to external causes (VIOLENCE) fill in also the follow	
1	6. BIRTHPLACE (city or tov	vn)			Accident, suicide, or homicide? Date of injury	
	(State or country)	n	/ .		Where did injury occur?(Specify city or town, county and S	
7. IN	FORMANT Ly	bourate	n		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.
0 101	(Address) JRIAL, CREMATION, OR RI	TMOVAL	-	2:		
.o. BL	Place by Bull	Taurel M	Ud Date Fel.	18 1935	Manner of injury	
	1	1:16	0.0	, , , , , , , , , , , , , , , , , , , ,	Nature of Injury	-40
19. UI	(Address)	elly wo	rigilas	LAU.	24. Was disease or injury in any way related to occupation of deceased?	P. action
	(Mudless) Marie	w my	ca.	0	If so, specify	Y NE

Registrar (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	la l	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Thooling				

I was call	DDITIONAL SPACE FO	OR FURTHER STAT	TEMENTS BY PHYSI	CIAN Springe Mo To
promoner as	n infant d	eat / that	was frund	on the road
1 Stween Do	sey and He	nover net		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gostroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH	01447
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1	L PLACE OF	DEAT				(0)
	County Anne Arundel					Registration Dist. No.
	Village or Ci	ty Cre	ownsvill	e State	e Hospita	1 No. St. Ward
		,	y or town where d	٦	(If	death occurred in a hospital or institution, give its NAME instead of street and number)  17 ds. How long in U.S. if of foreign birth?mosds.
:	2. FULL NAM	ME	Fanny V	Veedon		
	(a) Residence	e: No.Bl	ickeyst	Wn, Mal		St., Ward.  If nonresident give city or town and State
para	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	sex emale	Blac	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 6, , 193 5 (Month) (Day) (Year)
5a.	If married, widows HUSBAND of (or) WIFE of		leorge \	Veedon		22. I HEREBY CERTIFY. That I attended deceased from Aug. 19. 1933 to Feb. 6. 1935
6.	DATE OF BIRTH (	month, day	, and year)	1892		Hast saw her alive on Feb. 6, 135; deeth is said
7.	AGE Year	rs	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, e2: 40 Pm. M.
_	43	100	Unknow	n	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
OCCUPATION	9. Industry or t	ork done, BOOKKEE ousiness in done, as S L, BANK, e	which ILK MILL, U1	iknown	ime (years)	Broncho Pneumonia Unknown  apparently a primary sandition. Not a com- plication or seguela of some other disease.
ŏ	this occupyear)	atien (mo	ibawn	spe occ	nt in this nica ow	
12	. BIRTHPLACE (cit (State or coun		Maryl	and		Other Contributory Causes of importance:
E E	13. NAME	Joe	Hall			
FATHER	14. BIRTHPLACE (Steta or		wn) Marj	land		Name of operation Date of
2	15. MAIDEN NAI	C	roline	Washin	oton	What test confirmed diegnosis? Was there an eutopsy?
MOTHER	16. BIRTHPLACE (Stete or	(city or to	Man	yland		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17.	. INFORMANT (Addrass)	Ho	spital disville,	Records	an <b>đ</b>	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMAT	ION, OR R	EMOVAL reclevel C	0. Date 3/9/	/35	Manner of injury
19	. UNDERTAKER 4 (Address)	Reder	telis ick - 2	nacyla	ud o	24. Was disease or injury in any way related to occupation of deceased? A. M
20	FILED 2	7,	35	Smr	Registrar.	(Signes) M.D. (AddressCrownsville, Maryland)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(A)	
Other contributory causes of importance:	- 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	· · · · · · · · · · · · · · · · · · ·		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Fanny Teedon
Tered Lok Onty
Sidmitted August 19, 192
Died February 6, 1925

63

STATE OF	MARYLAND-CERTIFICATE OF DEATH

11115

	1. PLACE OF DEATH	CERTIFICATE OF BEATH
	County Chance arendel.	Registration Dist. No.
\	Village or City Connaboli	No. 184 Place Let St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurred 50 ygmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
1	2. FULL NAME Welliam Selling (a) Residence: No. 184 Placesty (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OB-DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Labella Waterman Ray Welch	22. (I HEREBY CERTIFY Shat I attended deceased from
ė,	6. DATE OF BIRTH (month, day, and year) Dec 274 1853	I last saw h alive on 7 10 10 19.3 ; death is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
rtif	81 1 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	_   S. Trade, profession, or particular	Date of onset
Jo	kind of work done, as SPINNER, Medical Director	oucly of herry was
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	p. V
on	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 min your Your Youthful
instructions	12. BIRTHPLACE (city or town) Q. Q. Lo 2ULL,  (State or country)	Other Contributory Causes of importance:
strı		cuces of river
See in	13. NAME. Charles Sellman Walch 14. BIRTHPLACE (city or town). C. Q. Co.  (State or country).	Jame of operation. Date of
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
ant	15. MAIDEN NAME VIELECO SELL	23. If death was due to external causes (VIOLENCE) fill in also the following:
9	16. BIRTHPLACE (city or town) Q. Q. Co. (State or country)	Accident, suicide, or homicide?
very imp	17. INFORMANT Sabella Waterman hay Welch (Address)	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Ve	18. BURIAL, CREMATION, OR REMOVAL BUS. 4	Manner of injury
18	Place Congrapoles Date fely 13, 1935	Nature of Injury
TION	19. UNDERTAKER John 24. Jay low (Address)	24. Was disease or injury in any way related to occupation of deceased?
7	20. FILED 2 12 , 19 35 JM wyki.	(Signed) Mews urvey M. D. (Address) Climatela M. D.
-		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		· · · · · · · · · · · · · · · · · · ·		

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS	BY	PHYSICIAN
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should state

1	. PLACE O	F DEATH			108		
	County	Anne Arunde	1		Registration Dist. No. 2/		
	Village or (	City <u>Crowns</u>	ville S	tate Hosp	t death occurred in a horpital or institution, give its NAME instead of street and number)  36 ds. How long in U.S. if of foreign birth?		
1		0.41			s		
2	. FULL NA		erine W				
	(a) Residen	ice: No. Mont	gomery (Usual place	County, Ma	If nonresident give city or town and State		
-	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. 9	iemale	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February 28th (Month) (Day) (Year)		
5a.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced Unknown			22. I HEREBY CERTIFY, Thet I attended deceased from Nov. 2nd 19.29, to Feb. 28th 19.35		
6. I	DATE OF BIRTH	(month, day, end year)	1877	9	lest saw h. er alive on Februery 28, 19 35; deeth is said		
7. /	AGE Yes	79	Days nown	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:45P.M.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:  Date of onset		
OCCUPATION	kind of v SAWYER	ssion, or particular work done, es SPINNER, , BOOKKEEPER, etc	House	ework	Lober pneumonis 2 des		
UP/	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.						
220	10 Date deceas this occu	ed last worked at petion (month and	- spe	time (years) ent in this upation			
12.	BIRTHPLACE (ci		land		Other Coutributory Causes of importance:		
ER	13. NAME	Unkno	wn (dead	d)			
FATHER	14. BIRTHPLACE (State or	(city or town)U	nknown		Name of operation Dete of What test confirmed diagnosis? Wes there en eutopsy?		
ER	15. MAIDEN NA	ME Unknown	(dead)		23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:		
15. MAIDEN NAME Unknown (dead) 16. BIRTHPLACE (city or town) Unknown (State or country)  17. INFORMANT Hospital Records (Address) Crownsville, Maryland					Accident, suicide, or homicide? Date of injury, 19		
				Land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMAT	TION, OR REMOVAL	Date 2	1930	Manner of injury		
19.	UNDERTAKER _ (Address)	Weslin War	orgin	ase	24. Was disease or injury in any way related to occupation of deceased?  If so, specify		
-20,	FILED 212	8 , 19.3 5 C - 7	Joyce Source	D Registrar.	(Address) Crownsville, Mary Land  2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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34AR G 1995	1 22			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Admitted November 2nd, 192

Died February 28th, 1925

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		93-6	
County Anne Arunde]		Registration Dist. No. 21	
Village or City Annapolis		No. 50 Fleet St., 1 If death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occu		sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME ELIZABETH WI	LSON	WITHIN CORPORATE LIMITS	
(a) Residence: No. 50 Fleet	ual place of abode)	St., L. Ward.  If nonresident give city or town and Stat	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
OR 1	LE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH February (Month) (Day)	35 (Year)
is. If married, widowed, or divorced HUSBAND ot (or) WIFE of Arthur Wilson		22. HEREBY CERTIFY, That I attended dece	ased from
5. DATE OF BIRTH (month, day, and year) Feb.	22, 1849	I last saw her elive on HW 16, 193 ; de	eath is said
	Deys If LESS than 1 day,hrs. ormin.	the follows:	
8 Trade profession or particular	none	Cotton is election Cardin	142
9. Industry or business in which work was done, as SILK MILL.		Vasjula descare	
	1. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) A. A. CO (State or country) Mary		Other Contributory Causes of importance:	4.1
	1010 10 10	- Lucie Duenius /	5-143
13. NAME unknow  14. BIRTHPLACE (city or town) unknow (State or country)		Neme of operation Date of What test confirmed diagnosis?	The
15. MAIDEN NAME unknow	m IIIII	23. If death wes due to external/causes (VIOLENCE) fill in also the following:	13y!
15. MAIDEN NAME unknow  [6. BIRTHPLACE (city or town) unknow (Stete or country)	vn .	Accident, suicide, or homicide?Date of Injury	, 19
17. INFORMANT Emma V. Bigilia	napolis, Md	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cem teate		Manner of Injury	
Annapolis, Md.  19. UNDERTAKER John M. Tay lor,  (Address) Annapolis, Md.	· · · · · · · · · · · · · · · · · · ·	24. Was disease or injury in eny way releted to occupation of deceased?	w-
20. FILED 2/18 1935	7 Jimes h	(Signed) Albert L. Algersa	M. D

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1910	Allack of epilepsy  Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01451
林	should of OCC	Village or City annafroho and	Registration Dist. No.  No.  St., Wardeath occurred in a hospital or iostitution, give its NAME instead of street and number)
H)	ARD. Every in PHYSICIANS ict statement		St., Ward.  If nonresident give city or town and State
	RE. PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rh	FJ.	3. SEX O 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word) Widow	21. DATE OF DEATH ful 5, 19335 (Month) (Day) (Year)
BINDING	X A C T	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Widow	22. 4 I HEREBY CERTIFY, that I attended deceased from
BIN	-	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h 4 alive on 1930 , 1930 ; death is sai
FOR	IS A PE stated E properly certificate	84 Januar 7 14 Iday, hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
ED	HIS be be of	8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.	The first
RESERVED	Should it may n back	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	Coronony Mullons by
RES	E E TO	this occupation (month and spent in this occupation	Other Contributory Causes of Importance:
ARGIN	ADI ed. s, so	12. BIRTHPLACE (city or town) PV 24 7 WW (Stete or country) Q - Q CO Md	Whenafleterers king
MAR	D # 2 "	13. NAME John Boston  14. BIRTHPLACE (city or town) Well River	Name of operation
	H 45 70	(State of country) and a control of the	What test confirmed diagnosis? Was there an autopsy?
	LY, WITH carefully ITH in plai	15. MAIDEN NAME Matha (unknown)  16. BIRTHPLACE (city or town) WEST Parent  (State or country) Q Q - Co - Md	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
	PLA ould be F DEA	17. INFORMANT Jora Snowden (Address) 555 Larkin 51	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	WRITE ation sh AUSE ION is v	18. BURIAL, CREMATION, OR REMOVAL Place Brawarhill Came Date 2. 1985	Menner of Injury
No. 1	3.—WRI mation CAUS TION	19. UNDERTAKER & FOR BOTH SI-	24. Was disease or injury in any way releted to occupation of deceased?
, S3	z C	20. FILED 2 6, 1935 Allumps	(Signed) / Olws / you M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

d Aller	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	100 80	te la Gradia
	1915 1921 July5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis

STATE OF MARY	AND-CERTIFICATE	OF DEATH
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U	.1	4	0	Kap

1	1. PLACE OF DEATH					(134.20)			
	County	Anne Aru	ndel			Registration Dist. No. 2			
	Village or C	city Cro	wnsv	ille	State Hos	pitual st.	Ward		
	Length of rec	dence in city or town y	hara dooth	negurend	(If	death occurred in a horpital or institution, give its NAME instead of street and n	oumber)		
		A		e Yan					
2	. FULL NA	14110				O. W. J.			
1	(a) Residen	ce: NoB	STOT	(Usual place	Maryland of abode)	St., Ward.  If nonresident give city or town and	State		
	PERSON	IAL AND STAT	ISTICA	L PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. 5	female	black		ingle, mai or divorce sin	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  February 26th  (Month) (Day)	. 193 5 (Year)		
5a.	If married, widow HUSBAND of (or) WIFE of	ved, or divorced			Per Sylpa s	22. I HEREBY CERTIFY, That I attended December 12, 19, 34, to Feb. 26th	deceased from		
6 1	ATE OF DIDTH	(month, day, end year)	19:	2.0		last saw h er alive on Feb 26th 19 35			
7. /	AGE Yea	rs Mont		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 2 . A m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:			
NOL	8. Trede, profe	ssion, or particular work done, as SPINNE , BOOKKEEPER, etc	R. 107	one	, v	Paralysis of respiratory and cardiac centers due to spinal			
UPA	9 Industry or work wa	business in which s done, as SILK MILL, LL, BANK, etc				aneesthesia preparatory to	5 min		
OCCUPATION	10. Date deceas	ed last worked at pation (month and		11. Total	time (years) ent In this upation	operation			
12.	BIRTHPLACE (ci	ty of town/	irgi	nia		Other Contributory Causes of importance:			
ER	13. NAME	Joe Yanc	У		The Edward				
FATHER		(city or town)	Vir	ginia		Name of operation Dete of Was there an a			
ER	15. MAIDEN NA	ME EVA	Maso	n		23. If death was due to external causes (VIOLENCE) fill in also the following			
MOTHER		(city or town)				Accident, suicide, or homicide? Date of Injury			
17. INFORMANT Hospital Records (Address) Crownsville, Maryland					yland	(Specify city or town, county end State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) NCE.		
18.	18. BORIAL, CREMATION, OR BEMOVAPUL. Date 1/28 1930					Manner of Injury  Neture of Injury			
19.	UNDERTAKER (Address)	K. F. Wi	to u	le de	prince	24. Was disease or injury in eny way related to occupation of diceased?  If so, specify			
20.	FILED 2/3	19,1935	£.7	1 /0	Registrar.	(Signed Crownsville Md.	м. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year